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## ORIGINAL DEPARTMENT.

### LECTURE.

#### NEURITIS AND PERI-NEURITIS OF THE BRACHIAL PLEXUS.

A Clinical Lecture delivered at the Hospital of the  
University of Pennsylvania, Sept. 13th, 1881.

BY CHARLES K. MILLS, M.D.,

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Reported by WM. H. MORRISON, M.D.

GENTLEMEN:—I bring before you to-day a very interesting case. He gives us the following history: He is 23 years old. A seaman by occupation. He was healthy up to the sixth day of January last. At that time, while on board his vessel, in a storm, he was struck on the left side by what he calls a "heavy sea." This threw him violently across the vessel and over the cabin. He was picked up unconscious and remained so for fifteen or twenty minutes. His head was cut by the fall. When he came to, he had pains in his arm, his back was "all gone," and he could not move his head. His bladder and rectum were not affected. His legs were all right. For two or three days after the injury he had fever and was delirious. He remained in bed for two weeks, but it was three weeks before he reached shore.

Q. "Have you pain in the arm now?"

A. "I had pain in the arm but that is pretty well. It hurts me now when I touch it."

He means by that, gentlemen, that there is hyperæsthesia.

Q. "When did it begin to be painful to the touch?"

A. "Only last week. There was pain in the

arm for the last six months, but that is pretty well."

As he sits here, with his arm and trunk exposed, his condition is so manifest that you can see at a glance what is the matter. We see that the shoulder muscles, the scapular muscles of the left arm, and the posterior and lateral muscles of the left side of the trunk, are markedly wasted. Then passing down the left arm, you notice that there has been extreme wasting of the muscles of the entire arm from the deltoid to the interossei, and even the finger muscles themselves. In other words, you have a condition of very advanced atrophy, involving the entire left arm and the corresponding half of the trunk.

In examining the case a little further, we shall find some other symptoms, which are not very common. Thus, in connection with this atrophy there is in the upper part of the limb manifest hyperæsthesia. As I press in various positions around the joint, the man winces. Now, I shall begin here, over the region of the brachial plexus, and pass upward and downward, and determine how far the hyperæsthesia extends. Just above the middle of the clavicle it is very distinct. Passing down the chest, I find that since the last examination there has been considerable improvement, under a treatment of which I shall speak in a few minutes. He winces very markedly when pressure is made in this region below the spine of the scapula. Now, passing downward we find the same condition until we reach the elbow. Here, we find a very different condition. He does not feel at all—anaesthesia.

We then have the following condition: paralysis and atrophy with hyperæsthesia in the upper

portion and corresponding side of the trunk, and analgesia and anæsthesia in the lower portion of the arm.

What is in all probability the nature of this case? In arriving at the diagnosis of this case, we shall have to consider three, or perhaps, four possibilities.

Have we a cerebral lesion? Have we a spinal lesion? Have we a peripheral lesion, or have we a peripheral with a spinal or cerebral lesion?

Before going further, let me say that there is no previous history of disease of any kind. Nothing to lead us to suppose it to be a case of some form of adult spinal paralysis.

In the first place, is there a cerebral lesion here? There are some things which render this view probable. He became unconscious at the time of the accident. He remained unconscious for some time. He suffered severely for several days, had fever and was delirious. But there are several circumstances which I think point to the fact that this cannot be purely a cerebral lesion, and that if it is cerebral, there is something more. If it were a cerebral lesion, how could we account for the extreme hyperæsthesia in one portion, and anæsthesia in another portion of the limb. If he was suffering from palsy, due to hemorrhage or an inflammatory condition of the brain in the region of the arm centres, he might have paralysis almost equal to that which is present, but there would be no reason for this hyperæsthesia and anæsthesia. A cerebral trouble which would give rise to the condition that we have here would have to be one occurring in the so-called arms centres, which occupy the middle Orlandic region of the brain, or a lesion of the striate body or internal capsule; but when you have paralysis of one limb, due to cerebral lesion, you do not have atrophy, as you have here. Almost every one of you have seen these cases of monoplegia or partial hemiplegia, and you have noticed that the contour of the limb was well preserved. We have, then, several reasons against a cerebral lesion.

Could it be spinal? Several things point to a spinal lesion. We have here atrophy of the limb with paralysis. Both of these might result from a lesion of the anterior horns of the cord. But against this view we have again the existence of decided hyperæsthesia and anæsthesia. There is also another point against the supposition that the lesion is spinal. If there is a destructive lesion of the anterior horns of the cord, sufficient to cause atrophy and paralysis as great as is here present, there will be a certain amount of ischæmia and coldness present. The limb will be pale. This man's arm is not cold, and there

is no ischæmia. There is, perhaps, a little change in the color, due to passive congestion from gravity.

I am, therefore, reduced to one other conclusion, and that is, that we have to deal with a peripheral lesion. We have here, I believe, a case of neuritis involving, primarily, the brachial plexus, resulting from injuries received by being hit and knocked down by a heavy sea. There may have also been torsion, as well as the direct injury.

I think that everything points to this, as the correct conclusion, that we have neuritis (and under this head, I also include peri neuritis) of the brachial plexus accompanied by ascending and descending neuritis. We can account for every manifestation of the case on this supposition.

How do we account for the fact that anæsthesia exists below, while above we have hyperæsthesia? I account for it in this way. The nerve and nerve sheaths which are most inflamed are the cords of the brachial plexus, this inflammation extending a certain distance in both directions. When a nerve is in a state of subacute or chronic inflammation it is a bad conductor of impressions. The inflammation at the very first, and when of the mildest character, may cause the nerve to transmit impressions more rapidly, but when the neuritis has gone as far as it has in this case, we have atrophy of the nerve from pressure and from degeneration, hence impressions cannot be conveyed from the parts below the seat of inflammation.

There is one point which I overlooked, when speaking of the diagnosis, that is, the response of the muscles to electricity. There has been a want of response equivalent to the amount of atrophy present.

This kind of a case is very interesting and practically important. These are the cases which, if taken in time, can sometimes be cured. This man may, possibly, be much improved, but the disease has advanced so far that his chances are not as good as they would have been some months ago. If we had such atrophy, with hyperæsthesia or without, due to cerebral trouble, the case would be entirely hopeless, as far as restoration of the arm is concerned. In neuritis, instead of the case being utterly hopeless, persis e ice in proper treatment may accomplish a great deal.

Now, as to the treatment. Immediately after the injury I think that I should have employed local blood letting. He came to the hospital two weeks ago. I then ordered a large blister over the region where the hyperæsthesia was most marked. He has had two blisters, and they have

helped him considerably. If I had seen him at first, I should have given him small doses of calomel, with rhubarb or jalap, more for its antiphlogistic than for its specific effect. We have now to do with a more or less chronic neuritis. For that I should advise bichloride of mercury, in small doses, and the use by inunction of a remedy, the formula for which we have in the pharmacopœia of the house. It is an ointment consisting of about equal parts of mercurial, iodine and belladonna ointments. This should be plentifully spread over the whole of this region. It acts both as a counter-irritant and as a stimulant to absorption. A year or two ago we had a very curious experience while using this ointment on a case very similar to the present one. The man had neuritis resulting from an injury from machinery. He was ordered the bichloride of mercury internally, and the use of this ointment. After a short time all pain suddenly disappeared, and he began to use the arm. The pain remained away. Finally, he had a relapse, which, I believe, was due to a relapse of the neuritis itself.

The whole limb might be painted with iodine. A good local treatment, is to make a paste with iodoform and collodion in certain proportions, and paint the limb. By any of these methods of local treatment you will get good results.

We have another indication to meet, that is, the condition of the muscles. When the neuritis becomes absolutely chronic, and when we have to deal with the results of neuritis rather than the disease itself, we shall put him on that remedy which has been called by Erb, "a sovereign remedy," that is, the continuous current of electricity.

The man shall be put on the treatment I have described. The use of blisters, the application of the ointment of mercury, iodine, and belladonna, and the use of the continuous current. When the acute symptoms have subsided, we shall resort to the intercepted galvanic or faradaic current, with the hope of restoring the muscles to better condition.

#### Antidote to the Poison of the Bothrops.

At the Paris Academy of Sciences recently, M. de Lacerda states that he has found an antidote to the virus of the Bothrops, in permanganate of potash. A solution of this salt injected hypodermically, after the venom of the serpent had been introduced beneath the skin, prevented the appearance of any local disturbance where the virus had been injected. When the antidote was not used, swellings and abscesses always occurred. The same thing was observed when poison and antidote were injected into the veins.

## COMMUNICATIONS.

### INSANITY IN RELATION TO LAW, WITH SOME REFLECTIONS ON THE CASE OF GUTEAU.\*

BY C. H. HUGHES, M.D.,

Late Superintendent Missouri State Lunatic Asylum,  
Editor *Allenist and Neurologist*, etc.

Long before the real nature of insanity was understood, statutes were framed, defining the legal relations of the insane and fixing in their behalf exemptions from the ordinary penalties of violated law. As might have been expected from the vague conceptions of the real nature of mental disorder, it having been so long and early regarded as something that had fallen upon man from without, as the result of wrathful deities offended, or satanic visitations, instead of the natural consequences of a diseased organism, the municipal laws so framed were often lacking in adequate sympathy for those afflicted creatures, and inadequate to their just protection. Statutes thus early framed and legal precedents thus early established, independent of medical opinion, and in fact long before medical men had themselves cast off the shackles of popular prejudice, and acquired accurate notions respecting this disorder, have been slow to change in conformity to the corrected and just views of enlightened science; for law is remarkably conservative in its instincts, blindly reverencing the mouldy precedents of the past and jealously guarding her sacred precincts against the profane presence of audacious science that dares to dispute the rulings of courts on matters of disease. This conservatism has displayed itself at times, in unwarranted prejudice against our humane and progressive profession, causing eminent jurists, forgetful of the prerogatives of science and the proprieties of the court room, to tell distinguished physicians that they had better be at home with their patients than away from them to instruct courts and juries in matters of disease, as if such vocation were the province (much as physicians really dislike the duty) of any other than the physician. That time, however, is past, and no English Judge in our day would have the effrontery to adopt this discourteous precedent and apply it to the medical expert, for, though law has persistently resisted the encroachments of enlightened mental science, it has now and then, here and there, reluctantly yielded some of its ground, until, comparing the present with the remote past, the thrust of the scalpel of scientific medical truth

\* Read before the Tri-State Medical Association, at St. Louis, Oct. 27th, 1881.

has effectually penetrated the judicial ermine and touched the heart of law, not, however, until after much innocent blood had been shed in its name.

In the legal mind theoretical conceptions of what mental conditions pathological states ought to produce, have been permitted to supplement and supplant observed facts in mental pathology, and judicial decisions most absurd have, in consequence, in the light of clinical observation, been promulgated, and continue still to deface the records of the judiciary.

However strenuously the latter may strive to assert a consistent harmony with past precedents, its decisions have not been consistent, and can never be so until, in questions of mental derangement, they are made to harmonize with the facts of disease, and these facts must come from those alone who are competent, from daily habits of observation and thought, to enlighten them, from those to whom the thermometer and sphygmograph, the lens and test-tube, crucible and dissecting knife, are familiar aids to observation and reflection, and in whose minds mere theories of the possible, habitually yield to demonstrable facts—the skeptically-minded physician, whose constant habit it is to search for physiological and pathological laws more unvarying than dicta of courts, and when he finds them, to willingly surrender his preconceptions to the higher statutes of unerring nature.

Pursuing a different method, while all the time asserting their consistency, courts have "successively abandoned or resumed one principle after another, either with the strangest disregard of consistency," says the distinguished Dr. Ray, or "the most extraordinary ignorance of previous decisions;" and he makes a scathing arraignment of the English judiciary for its inconsistent attitude, in different historic trials, with reference to the knowledge of right and wrong test, in which the plea of insanity was interposed to exempt from crime. Thus in the famous trial of Hadfield, for shooting at the king in Drury Lane Theatre, in 1800, he says it was abandoned, but reaffirmed in that of Bellingham, in 1812, where the offence was committed, passed upon and punished with death, the body of the condemned dissected within eight days, abandoned again in the trial of Martin in 1831, and reaffirmed in 1837!

This scathing arraignment by one of the world's most distinguished writers on the medical jurisprudence of insanity, would not have been possible had law been more becomingly modest with reference to questions medical,

and more deferent toward that profession which is competent to, and should of right, enlighten law on questions of disease, whether the coarser bodily functions are alone involved by it, or the subtle operation of the mind.

"On the trial of Hadfield," says the distinguished medical author just referred to, "there occurred, for the first time in an English court, anything like a thorough and enlightened discussion of insanity as connected with crime, and the result was that a fatal blow was given to the doctrine of Lord Hale, by Mr. Erskine, who brought all the energies of his great mind to bear upon the elucidation of the subject. (Lord Hale's idea was, that all felons were under a degree of insanity, and that monomania did not excuse crime any more than a child of fourteen could be excused for treason or felony.) But even the great Erskine overthrew one legal error by another, that of delusion, a criterion of mental irresponsibility that has caused to be judicially executed, as well as saved, many a hapless victim of irresponsible disease.

Just as the legal test of responsibility still reiterated from the bench, namely, "a knowledge of right and wrong," if insisted on, would have convicted Hadfield, subsequently Oxford, and still later others, for shooting at the British Sovereign, Lawrence for attempting the life of President Jackson, poor Freeman, of Pohasset, for the murder of his child; so the other criteria of criminal irresponsibility, when exclusively demanded as the only evidences of mental disorder, have sent their scores of innocent victims to stake, guillotine or gallows. The past history of the jurisprudence of insanity, until a comparatively recent date, has been a record of justice and crime against humanity, about equally apportioned; and even now, prejudices against an often just but sometimes wrongly used plea, and predilection for methods of investigating mental phenomena, and determining responsibility not warranted by medical experience bias judgments, color instructions of courts and shape methods of legal procedure to the hurt of the weak and irresponsible, whom it is the bounden duty of the State to protect. Something of that feeling which prompted Lord Brougham to believe that the fear of punishment would deter from crime those persons of deranged intellect who hover around the courts in search of redress for real or fancied wrongs, seems yet to influence some of the learned judges of our time; for there are cranks in our own day, as there were then, who hover on the border line of insanity, and finally pass over into positive mental disease; and this



disposition to punish in order to prevent morbid eccentricity, passes in many instances to the absurd extent of seeking to restrain the lunatic by legal penalty; though it must be conceded that some insane persons are, in a limited degree, sometimes amenable to deterrent influences, like some of the inmates of asylums; but in general, punishment is futile to restrain the erratic displays of unstable mental organisms, for disease and not reason is the propelling influence.

There are, however, methods humane, and they ought to be made lawful, by which insanity may be abridged, and the great horde of neuropaths that follow like sick and wounded stragglers of an army in the march of civilization reduced in number: methods that would leave no stain of blood on the judiciary, no foul blot of murder on the State's escutcheon; but to learn them, law must submit to be taught by our science.

The neuropathic diathesis, the insane constitution, that breeds its like and burdens the State with hereditary imbecility, idiocy, insanity, deaf-mutism, and the lesser degrees of mental defects, must be made the subject of statutory enactment and enforced law; sentimentality must yield to fact; the teachings of nature must be decided and as sternly enforced as her own unerring edicts are. Why should confirmed drunkards be permitted to beget a race of imbeciles, epileptics, idiots or criminals? Why should the life-long criminal and the pauper be allowed to go on reproducing his defective kind, the lunatic likewise, and all the mentally maimed of whatever degree, especially when by forfeiture of liberty they fall under proper custody of the law; and why should generation after generation of these miseries be allowed to be brought into being to become either burdens of the State or victims of its misdirected vengeance, when prevention is possible, and better for the State, and only justice to the helpless and prematurely doomed to an unchosen existence worse than death? If municipalities may lawfully quarantine yellow fever and cholera, why may not, and why ought not this greater destructive agency than plague or pestilence, which never ceases its ravages—the hereditary descent of the organically vicious and defective—be stopped by law. No pestilence that ever walked in darkness or destruction that has wasted at noonday has done greater harm to mankind than the silent, ever active destructive power of hereditary degeneracy of brain and mind. Instead of visiting punishment on the heads of these weakened victims of entailed disease, let law go to the

*fons et origo*, and stop this vicious progeny from being thrown upon a world in which they are unfitted to live.

When law shall interdict the marriage of these defectives, and by other means prevent their propagation; when the race of each is run the career of his kind is ended, and society is no longer annoyed, perplexed and burdened. For certain of the criminal class, and for certain defectives to whom liberty might be given, surgery suggests a plan less radical than that of Lycurgus, and more effective, and more appalling to real crime than guillotine or halter; equally conservative of mental and moral health, and in some instances absolutely curative of the individual. If a life is forfeit and only blood will suffice, let it be thus compromised.

To avoid the errors into which courts have fallen with reference to the question of mental derangement, physicians should seek, in every case of suspected or pleaded insanity, for disease of brain, impairing the mind; for, as in a healthy brain, the disturbed brain circulation, anomalous pulse, disordered heart, the persistent insomnia, sluggish bowels, altered renal and other secretions, voracious or variable appetite, gastric, hepatic and other conditions, ophthalmoscopic and aesthesiometric revelations, the changed pupil, facial expression, temperature, voice, and skin in certain cases, the altered demeanor, intellectual and moral, the unnatural actions explainable only by disease or simulation of disease of brain and mind are to be sought for and considered—for even the courts concede that mental disorder is the result of disease. Singularities of conduct, or even hallucination, illusion or delusion, do not necessarily constitute insanity; they are not insanity *per se*.

That patient and laborious search which ought in every case to be made where insanity is pleaded or suspected, if it fail to reveal disease, will often bring to light rational, though base and sometimes unsuspected and startling, motives, sufficient to satisfactorily explain the most horrible violations of Divine and human law. Every human fiend is not insane, though insanity would be a most charitable mantle to cast over all human depravity, if we could honestly thus shield the wickedness, as we may often so shield the weaknesses of mankind. So that while many singular, immoral, unjust, and unlawful actions are the results of disease, and only thus explainable in certain persons, similar conduct in others, apparently the product of insanity, when hidden motives are brought to light, appear quite rational and absolutely explainable

upon no other hypothesis than that of entire mental soundness, instigated and impelled by improper considerations, but not resistless disease.

The subject is clear enough if disease be readily apparent, but extremely difficult sometimes when disease is obscure, or has only been active at some remote period in the individual's life; in such cases, our search must be the more patient, deep and thorough.

And now that a stricken people have partly recovered from the fatal blow that took away their loved and honored President, and are still asking why was so good and great a man thus destroyed; what shall we say of the miserable, cringing assassin at Washington, a few months ago so badly bold and desperate? Was it disease that fired the fatal shot, or was it foul volition prompted by vengeful motive, springing from unrequited claims for undeserved favor, and only this alone? Was the fatal heritage of a faulty organism sufficiently strong and active in him to make the deed one of morbid impulse or disease-fettered reason? Was a brain unstable, bequeathed by a diseased ancestry, coupled with subsequently engrafted disease, at fault, or was it a clear-headed, sound-minded, depraved villain killing for a grievance and for a coveted but ignoble and vainly egotistical notoriety, as Brutus killed Cæsar, relying, in the event of failure of his previously planned escape, upon the history of insanity in his family for presumptive extenuation of his prospective crime? Is there enough of the insane diathesis in this man's organism to make his insanity *prima facie*? Has the evil heritage descended especially upon him more than upon the acknowledged sane members of his family, or is he intelligent enough to take advantage of his family history for simulation? Who of his family are or were insane, other than his uncle and two cousins, as reported? What are the evidences of insanity in him? Was he ever sick, and when, and where, and how? How has he acted, and when, and where, and how? What improprieties of speech have escaped him, and for what cause; and what conduct has he displayed that only disease can explain, or that mainly point to disease as their cause, are questions to be answered before we can safely decide upon his mental status? Was his conduct while connected with the Oneida Community the result of disease, or of pure cussedness not to be so charitably extenuated? Was he carefully educated, intellectually and morally, and has his character changed from disease or choice? Were the egoism and erratic immorality of his life the gradually reared struc-

tures of successive volition, or the product of disease? Was it a delusion, or pure self-conceit and purpose of deceit, that led him to style himself *Honorable*, as men often do, without the shadow of title, assume fictitious civic and military rank? Was there a lurking delusion or a vain conceit, with purpose of notoriety and gain, that caused him to announce himself as a great Chicago lawyer (or is the lunacy of imagined greatness a common trait in Chicago people)? Was the scheme of this impecunious man to buy out the *Chicago Tribune* a delusion, or a confidence venture? Was it a delusion to proclaim that the Bible gave evidence that Christ reappeared on earth in the year A.D. 70, to deliver political speeches to colored audiences, to evade his debts, abuse his wife, confess without shame, in open court, the crime of crimes against her? Was it a delusion in him, as a lawyer, to ply the disreputable art of a shyster; and if so, how many lunatics have we that hang about the Four Courts of St. Louis?

Was it a delusion or self-conceit in him to apply for a foreign appointment, to take the life of the President, proclaiming himself a Stalwart of Stalwarts, for no other offense than that he had been refused an official position for which he was unfit, while professing all the while to be a follower of Him of Nazareth, who commanded that "whatsoever ye would that men should do unto you do ye even so to them?" Is it insanity to display no remorse at the deed, yet to crouch in deadly fear when a near speeding bullet imperils his own life?

Was this unstable and brutal character, consistent only in supreme selfishness, the outcome of a cultivated self-feeling, built up step by step in his life by voluntary effort, or was it a supremely morbid and irrepressible egoism, the sole product of resistless disease, is the question, under the surface of his acts, to be determined. The history of a life is to be inquired into; a biography of disease or folly is to be recorded in the court; and when fact is sifted from mere statement, and sworn testimony takes the place of rumor, we may see more clearly. When all the facts are in, the true psychological expert will calmly, dispassionately, cautiously form his opinion, though the newspaper expert may have long anticipated him with an opinion and a verdict.

There are appearances of rationality in Guiteau's crime. His disappointment and revenge, his plan of escape and precautions against mob violence, his deliberation in postponing, for proper considerations, previous determinations,

his possible though mistaken belief in the omnipotence of his wing of the party, his mistaken belief in the necessity of the President's death, and the temper of the people—these are also reasonable suspicions of his insanity, if he had an insane father, as reported; if he has been positively insane himself formerly; if the deed was planned and executed under a delusion, developed by disease, that it was his duty to take away the life of the great and good President; if he was sleepless and ill-fed, and in bad health, having delusions on various subjects (as have been reported); if most of his family are pervaded with positive insanity or the neuro-pathic diathesis and other conditions, and facts already indicated. So that the case presents a psychological problem, not soluble at a glance. How to get the precise pound of flesh and be just, though it be justly due, is often difficult; but the true psychiatric expert, like the just judge, will grant nor ask no more.

## HOSPITAL REPORTS.

### UNIVERSITY HOSPITAL.

Clinic of Dr. Louis A. Duhring, Professor of Diseases of the Skin. Sept. 23, 1881.

REPORTED BY HENRY WILE.

#### Epithelioma of the Lip.

A man about fifty years old presents himself with a circumscribed ulcer upon the left side of his lower lip, encroaching somewhat upon the mucous membrane of the mouth. The inner part of the ulcer is covered with a yellowish secretion, while the outer part, or that exposed to the air, is covered with a brownish crust. The patient states that he has had this abrasion for a period of two years. He had been accustomed to smoke a clay pipe, allowing the pipe to rest especially upon the left side. The habitual use of the pipe had set up an irritation of the mucous membrane of the lip, which, being allowed to continue, in this case, developed into the condition here presented. The lesion being exposed to the air, soon becomes covered with a crust, and in order to arrive at a correct diagnosis, it is always necessary to remove the crust so as to be able to see the true nature of the lesion.

The sebaceous glands are greatly enlarged, they becoming involved very early, or primarily, in the development of this disease.

The diagnosis is generally easy, if we can get at the history. It may, however, be confounded with chancre, yet the indurated base of the latter, together with rapid development, and the absence of pain, is generally enough to distinguish it from epithelioma.

The treatment in this case is obvious: the growth must be removed; the sooner the better. There are several ways to effect its removal—by the knife, actual cautery, or caustic. In the present case, the mucous membrane of the mouth

being encroached upon, it is advisable to use the knife.

#### Eczema Rubrum, with Acute Dermatitis.

A lady with a diseased condition of the skin on the dorsum of the right foot. The appearance is somewhat misleading, for the true nature of the disease is nearly covered up by lesions which, from the fact that they are acute, are more likely to attract one's attention. We see here an acute pustular and vesicular inflammation set up on a surface already diseased. Remedies have been applied that were of too stimulating a character, and their persistent use has set up a simple dermatitis. The original disease is eczema rubrum, of long standing. It will be necessary, in the treatment of this case, first, to allay the inflammatory symptoms. This will be done by means of any soothing dressing, such as a lotion of lead water. This will, in a few days, bring the case where it was before it was maltreated. Then we will have a case of simple eczema rubrum, which will be treated with black wash and oxide of zinc ointment, and later with calomel ointment.

#### Epithelioma of the Nose.

A lady about fifty-five years old, with a small tubercle upon the side of her nose. She states that it made its appearance about eight or nine weeks ago. It is about the size of a split pea, having an open surface with a broken down centre. It is rapidly getting larger. This is a form of epithelioma in an early stage. It must be removed at once, and being superficial, will be touched with caustic. An operation of this kind must be thoroughly performed; especial care must be taken to destroy the border, or a relapse is almost sure to follow. Often, in spite of all care, the disease will recur, and in the end destroy the patient. The wound will be dressed with diachylon ointment, the dressing to be changed twice daily. Three weeks will probably be occupied in recovery.

#### Tubercular Syphiloderm.

This man, about forty years of age, presents a marked and extensive eruption on the upper lip. There is a great deal of induration, which indicates that the lip is the seat of an extensive cell infiltration. In many places pustules may be seen surrounding the hair follicles. There are also excoriations, fissures, scanty yellowish crusts, and here and there some brownish crusts. These lesions run down the angle of the mouth, extending even upon the chin. On the right side of the upper lip, near the angle of the mouth, we notice an indurated tubercle. Almost the entire surface of the lip is denuded of its hair.

From appearances we should judge that the condition was chronic, and the patient, indeed, states that he has had the disease a little over a year, it being better and worse from time to time.

The disease, situated as it is in this case, may be confounded with tinea sycosis or with sycosis non-parasitica. Therefore a history, together with the mode of development of the disease, is important. The small tubercle noted above is in no way pathognomonic of the tubercular

syphiloderm, as the tubercular formation is also characteristic of tinea sycosis; and, more rarely, of sycosis non-parasitica. The treatment of the tubercular syphiloderm is most gratifying, and in two or three months this patient will have a sound, healthy lip. His treatment will consist of the following:—

R. Biniodide of mercury, gr. ss.  
Iodide of potassium, grs. ij or iij.  
Wine of iron, q.s. M.

The dose is to be increased as may be necessary. Locally, a mild mercurial ointment, as fifteen or twenty grains of white precipitate to the ounce, may be used.

#### Lupus Erythematosus.

A young lady about nineteen years old presents lesions on the cheek, nose, forehead, and scalp, of a very striking character.

We will first get a brief history of the case, as that is of some importance in the matter of diagnosis. On questioning the patient, we get the following points:—

The disease made its appearance about three years ago, in the shape of two small red spots, one on each cheek. When they had attained the size of a pea, their growth was apparently arrested. This quiescent state continued for six months, after which period they increased in size from time to time, oftentimes remaining stationary, then again breaking out afresh, and more than doubling in size.

On the right cheek the patch has increased more rapidly than that on the left cheek, and now is as large in area as the palm of a hand.

The subjective symptoms are at times marked and annoying; among these, burning and itching are the most prominent, the burning being sometimes severe.

The patch on the right cheek is the largest, and may be briefly described, as follows: It is irregular in form, sharply defined, slightly, if at all, raised from the surface, and of a violaceous or raspberry color. It presents a somewhat scaly appearance, especially in the older portions. In the centre of the older portion there is a depression, which is covered with scales that are so adherent as to be picked off with difficulty.

The patch on the nose is irregular in outline and also is covered with scales. The patch on the left cheek is similar in appearance to that on the right, but is partially covered with sebaceous matter. On the forehead near the scalp the lesions are somewhat paler, and on the scalp they are covered with sebaceous crusts. The sebaceous follicles are not involved so markedly in this case as they generally are.

We also notice on the head several deep scars. They are in this case the natural termination of the diseased process, and not the result of the ruthless application of caustics, as is sometimes the case.

The scars, however, are unusually deep seated. There has been no ulceration, erythematosus being one of the few diseases that leaves scars without being preceded by ulcerations.

The general appearance of the lesions indicates that the disease is spreading, and if not soon brought under treatment will create greater ravages. In the neighborhood of the principal

lesions, new patches can be seen making their appearance, and this fact shows that the process is active.

Lupus erythematosus is a tolerably common disease, as is also lupus vulgaris. Cases of both diseases come before us here, from time to time; but the more frequent of the two is lupus erythematosus. They are distinct diseases, each having its course of development, pathology, and treatment.

The patient has used much medicine, both local and internal, since the disease made its appearance, but evidently without good results. She has used iodized starch, a remedy made according to a given formula, and highly recommended by McCall Anderson. It is often taken with advantage, yet the patient used it from July to September, taking a teaspoonful three times a day, without any apparent benefit. On the contrary it seemed to disturb her digestion.

Locally, many applications have been made. One pint of soap (two parts *sapo viridis*, one part alcohol) has been used alone, and also followed by tarry ointment, but without benefit.

In the treatment of this disease, it must be remembered, that all cases cannot be treated alike; there is no one line of treatment which can be followed, as there are different types of the disease, each calling for somewhat different treatment, the one stimulating, the other soothing, etc. The former is usually called for.

As the disease in this case seems to be very active and inflammatory, we will first direct our attention to the recent lesions, using the following application, which sometimes has answered well in my hands:—

R. Sulphur, ʒj  
Alcoholis, ʒʒ iiss  
Etheris, ʒʒ iv.

Sig. Apply as a lotion twice daily. Shake before using.

The general health of the patient is good. There is slight constipation, and to secure a movement of the bowels once in twenty-four hours, we will order a saline draught daily before breakfast. A mixture such as the following may be recommended:—

R. Magnes. sulphat., ʒ iss  
Sodii sulphat., ʒ iv  
Potassii bitart., ʒ iij  
Aque, ʒʒ vj. M.

Sig.—One tablespoonful in a gobletful of water.

Left to itself, the disease will, in most cases, continue for a lifetime, making new invasions into sound tissue, and producing disfigurement. It is very obstinate, and is difficult to cure. The prognosis, therefore, should always be guarded, as it requires months or years to effect a cure. Some cases resist even the best directed treatment.

#### Tinea Versicolor.

A young man, about twenty-two years of age. The disease is situated on the back, from the neck to the lumbar region, and on the front of the body from the clavicle to the umbilicus. It is scattered over the regions indicated, in the form of yellowish, irregularly shaped areas.



These patches, especially those of recent origin, have a sharply defined border, and present a striking contrast when compared with the healthy skin. There is scarcely any elevation, but the patches are covered with the peculiarly characteristic furfuraceous scaling, which can easily be scraped off with the finger nail.

The cause of the disease is the presence of a vegetable parasite, called *microsporon furfur*, which can readily be detected in the scales by means of the microscope. The parasite exists in the state of mycelium and spores, and is almost exclusively confined to the upper layer of the epidermis.

The disease is easily recognized, yet it may be overlooked; and I have seen it often absurdly mistaken and treated for jaundice, on account of the yellow discoloration; indeed, it was at one time called liver-spot disease, the patches being known as liver spots. The disease is thoroughly curable, and the treatment is very simple; all that is required is extreme cleanliness, and the assiduous use of some parasiticide.

I think that the best results are obtained with sulphurous acid; the patient will, therefore, be directed to use a lotion composed of one part of sulphurous acid diluted with two or four parts of water, after having taken a bath and rubbing the affected parts well with *sapo viridis*. The parts should be well washed before each application, and the lotion should be applied night and morning.

Corrosive sublimate in form of lotion, one or two grains to the ounce, may also be used with good effect.

Tincture of *veratrum viride* is likewise good. Unless the treatment is thorough relapses are very apt to occur.

## MEDICAL SOCIETIES.

### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Reported for the MED. AND SURG. REPORTER.

#### Wound of the Finger.

Dr. Leonard. I was called to see a man who five or six days before had struck another man in the mouth with his fist. The teeth had made an incision over the joint, the wound was full of fungous granulations, the whole hand was enlarged, and cellulitis extended up the arm.

#### Placenta Prævia.

Dr. Leonard. I was called to see a case of this trouble. One third of the placenta was over the uterine mouth; shoulder presented; waters had been discharged six or seven hours before; hemorrhage profuse. I turned and delivered without much trouble.

#### Incontinence of Urine.

Dr. Scarff. A boy, ten years old, had been under treatment for four years. His health was good, except this continued incontinence. Every remedy was used, including electricity, without effect. His penis was small and the prepuce long and flabby, and I resolved to try circumcision, which operation was performed four weeks ago, one inch being removed. The

wound healed nicely, and while the boy remained in bed there was no trouble, but when he got up there was some dribbling, which gradually became less, and now he only passes water four or five times a day, and seems to be perfectly relieved.

#### Heart Clot.

Dr. Branham. A woman, twenty five years old, died thirteen hours after premature labor. She was struck by her husband on the abdomen, which gave her much pain and produced a hemorrhage lasting about two weeks; recovered in a month. In a month from that time she was prematurely delivered; got up to pass water, fell back unconscious, and died in a short time. An ante-mortem clot entirely filled the right auricle.

#### Cleft Palate.

Dr. Michael. The cleft extended only through the velum; separation not over three-quarters of an inch; thought it a very favorable case for operation. The operation was performed one week ago yesterday, and there seemed to be no strain whatever on the sutures, but on the fourth day one suture had cut through, and by the fifth day all had cut through and the case was in the same condition as before operation, less the amount of tissue removed. As soon as practicable, another attempt will be made. Some of these cases are very obstinate. In one, I operated four times, before I succeeded in getting union, and then had to use nitric acid.

#### Diabetes.

Dr. Friedenwald. A man presented himself for life insurance examination, and all was favorable until the kidneys were examined, when quite an appreciable quantity of sugar was found in the urine. Subsequent examination showed sugar still present. He then said he had felt a little unwell for some days, and was treated by his physician for biliousness; had thirst, and had to get up once in the night to urinate. I gave him carbolic acid, gr. j, four times a day, and he was much improved; he has used it for two weeks, with restricted animal diet, and the sugar has disappeared, whether permanently or not, I cannot say. I have used this treatment in two other cases, one of which was cured, and one much relieved.

Dr. Lynch. Drs. Smith and Bridges use sulphide of calcium in these cases. They give grs. ij, every four hours. It will diminish the quantity of urine excreted, and is, therefore, useful in diabetes insipidus. I think I cured a case about two years ago with this remedy.

#### Abscess of the Liver.

Dr. Rohe. A woman aged forty three, mother of ten children, was a patient at the Woman's Hospital. She had pneumonia, rose up in bed to pass feces, gave a gasp and was dead. Post-mortem examination was made next day. The lower lobes of both lungs engorged; clots in both ventricles; fibrinous clot on mitral valves, and ante-mortem clot in the left ventricle. She died from heart failure. Evidences of old pleurisy on both sides; adhesion so strong on the right side that they could not be torn by the hands. The liver was enlarged and the lower border of right

lobe adhered to the stomach, pancreas, and duodenum. Ten calculi were found in the gall bladder. On examination of the liver, an abscess was found at lower border of right lobe, formed by the liver superiorly; gall bladder in front, and stomach, duodenum and colon below. It held about four ounces of not offensive pus. The walls were quite thick, some parts about one line in thickness, showing the abscess had been some time in forming. No pain was complained of in the hepatic region; none of the symptoms described by Hammond, as indicating hyperemia of the brain; no symptoms for the last three months, pointing to liver trouble; no evidences of inflammation of the intestines; no hemorrhoids; no rectal fistula. There was a vesicovaginal fistula of three years standing. The abscess may have originated from traumatism, of which there was no history, or from gall stones.

Dr. Arnold. Frerichs relates a number of cases of these capsular abscesses from encysted gall stones.

#### PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD CO., MARYLAND.

The regular bi-monthly meeting of the *Medical Society of Harford County* was held at Hanna's Hotel, Bel Air, on Tuesday, September 13, 1881. The President, Dr. David Riley, was in the chair.

The secretary read a letter, which he had received from Dr. W. W. Virdin, resigning his membership in the Society, assigning as the reason for such a step the want of social harmony with one of the members.

On motion, Dr. Virdin's resignation was laid over, for action at the next meeting.

Dr. R. D. Lee, who had previously been appointed to prepare a paper on the general subject of Inflammatory Diseases, apologized for the non-performance, and asked for further time, which was granted.

Dr. W. Stump Forwood asked leave to offer the following amendment to Article IV, of the Constitution, in reference to the election of members, viz:—

"A candidate for membership must present his application in writing, signed by himself, and indorsed by two members; and the application shall be accompanied by the initiation fee—two dollars. Should he receive three-fourths of the votes of the members present, he shall be declared elected."

Dr. Forwood explained the necessity for this amendment. He said that there was, at the present time, one name upon our list of membership, which had been proposed, and successfully balloted for, at the instance of an over-zealous member, without the consent of the gentleman thus honored, and, of course, without the payment of the initiation fee, and who now asks to have his election canceled, or annulled. To provide against the recurrence of such a mortifying act in the future, it is now proposed to require by constitutional provision the candidate's written request for membership; and, as a further assurance of good faith, the accompaniment of the initiation fee.

Under the rule the amendment was laid over for action at the next meeting.

Dr. Forwood also offered the following "standing resolution":—

"All papers read before this Society shall be regarded as its property; and shall immediately be placed in the hands of the Secretary, to be preserved, and disposed of as the Society may direct."

The Secretary stated that, greatly to his embarrassment, in making up the records of the Society, members frequently withheld their papers, under the plea of furnishing a more legible copy, or of introducing slight verbal changes; with the promise of transmitting the amended copy to the Secretary in time to be incorporated in his report of the proceedings, and for preservation in the archives of the Society. It has been his experience, however, when the authors were thus permitted to retain their papers, to be compelled to wait an unreasonable time for their return; and, in the majority of cases, never to receive them at all. It therefore appears to be necessary, in accordance with the rules of all medical bodies, that a law be established; and that all authors, who read their papers before the Society, shall be required to have them fully completed before the reading; and that they be delivered at once into the hands of the Secretary, to be used in making up his report of the proceedings, and for preservation in the archives of the Society.

This resolution was also passed over to the next meeting for final action.

A few remarks were made by Dr. J. F. H. Gorsuch, and other members, upon the subject of diphtheria in its relations to croup.

Dr. Forwood called the attention of the Society to the occurrence of typhoid fever in young children. Meigs and Pepper, he remarked, in their valuable "Practical Treatise on the Diseases of Children," say:—

"It is only of late years that the frequent occurrence of typhoid fever in young children has been fully recognized by medical authors. From the date of the publication of the classical work of Louis on this disease, until the year 1839, it appears to have been the almost universal belief that it was an affection limited to adult life."

And again, in speaking of age in this disease, the same authors say:—

"Typhoid fever has been observed in the first year of life, but is rare under the age of two years. It is comparatively frequent between the ages of three and eight years, and it attains its maximum of frequency in childhood between the ages of eight and eleven years."

The same authors also state that males are more frequently attacked by the disease than females, which statement accords with the speaker's experience.

Dr. Forwood said that at the present time he has under treatment a case of typhoid fever in a white, male child, which was but twenty-one months old.

At the conclusion of the business proceedings, Dr. R. D. Lee offered the following remarks and resolutions upon the recent death of a fellow-member, Dr. Joshua R. Nelson.

"The duty devolves upon me, Mr. President, to announce the death which has occurred since our last meeting; that of Dr. Joshua R. Nelson, a fellow-member of our Society."

"He practiced his profession for many years, with great skill and success, in our county, among an intelligent and discerning people, who held him professionally and socially in high esteem. Although unable for the last few years, from affliction, to participate actively in our proceedings, or in the duties of his profession, we, in common with those who for so many years had been the recipients of his professional skill and hospitality, will cherish his memory, and, behind the veil of charity, overlook the passing clouds of his life, remembering only their bright, gilded lining."

## RESOLUTIONS.

"Whereas, It has pleased an All wise Providence to remove from our midst our fellow-member, Dr. Joshua R. Nelson, be it

*Resolved*, That we regret the loss of one who had labored so long, and so successfully in the profession, devoting the best years of his life to the relief of suffering humanity; and

*Resolved*, That we sincerely sympathize with his family and friends in their bereavement."

These resolutions were seconded by Dr. Gorsuch, and unanimously adopted.

The Society then adjourned.

W. STUMP FORWOOD, M.D., *Secretary*.

## PHILADELPHIA LARYNGOLOGICAL SOCIETY.

Stated meeting held on Friday evening, October 28th, 1881, at the house of Dr. Carl Seiler, the President, Dr. J. Solis Cohen, in the Chair.

After the reading of the minutes, Dr. Cohen related the history of the two cases examined by the members present before the meeting had been called to order. The first case, one of aphonia and dyspnea, he stated, had taken cold about a year ago, after the disappearance of which the aphonia had persisted in spite of various remedies and applications of reagents to the throat. An examination with the laryngoscope when the man first came under his observation, a few months ago, showed the left arytenoid cartilage to be fixed in the position of abduction of the cord. There was no evidence of pressure upon the recurrent laryngeal nerve, nor did careful examination of the chest reveal the signs of a tumor which by pressure might

account for the dyspnea. The Doctor said he was therefore undecided in his diagnosis, whether the case was one of paralysis or of ankylosis of the arytenoid cartilage. The treatment, which had benefited the patient most, was the internal administration of crude petroleum in five drop doses.

Dr. Seiler said that considering the absence of all signs of pressure upon the nerves, either peripheral or central, and the rigid position of the arytenoid cartilage, together with the long duration of the aphonia, he was inclined to consider it a case of ankylosis.

Dr. Cohen then stated that the second case was one of typical laryngeal phthisis, showing the characteristic pyriform swellings of the aryepiglottic folds, and also exhibiting papillary proliferation of the mucous membrane in the inner arytenoid space.

Dr. Seiler then said that he had lately investigated the pathological histology of intra nasal hypertrophies, and had found them to consist chiefly of true erectile tissue, in which the genous sinuses had been permanently dilated. He had found an inflammatory infiltration of considerable depth in the mucous membrane and submucous tissue. In many instances he had found that the hypertrophies had undergone either fibrous change or myxomatous degeneration. The Doctor illustrated his remarks by exhibiting sections, under the microscope, of both anterior and posterior hypertrophies.

Dr. Seiler then showed a modification, devised by him, of Jarvis' rhinoscopic mirror and tongue depressor combined. The modification consists in the addition of a ratchet to the joint, by which the mirror proper is attached to the pincette stem, and of a strong spring attached to the stem, which engages in the teeth of the ratchet, so as to hold the mirror at any desired angle to the stem, and at the same time allow the angle to be changed without removing the mirror from the stem. He stated that with this instrument rhinoscopy was very greatly facilitated.

Dr. Turnbull asked what the distortion of the posterior wall of the pharynx, which was so frequently observed, might be due to?

In answer, Dr. Seiler said that he thought it was due to inflammatory deposit of fibrous tissue in the submucous tissue, and Dr. Cohen gave as his explanation of the phenomenon, that in these cases a malformation of the vertebral column existed.

The Society then went into private session.

C. SEILER, *Sec'y*.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Danger Attending Hypodermic Injections of Nitrate of Silver in Nevus.

Dr. S. Hudson, of Medina, Ohio, reports the following case in the *Ohio Medical Journal* for July, 1881:—

About three years ago, Mr. T., a young man

about twenty years of age, came to my office and showed me a small warty excrescence on the end of his left index finger. He informed me that at times it bled profusely, and desired me to take it off. Without further examination or thought, I took my hypodermic syringe with a strong solution of nitrate of silver, perhaps three or four drops, and injected it into the nevus.

In less than five minutes he was suffering the

most intense pain and agony; his hand and arm up to his elbow became white and cold; and for three hours we labored constantly, rubbing and bathing it in hot cloths. I finally succeeded in quieting him with morphine, and his father took him home. The next morning I had the mortification to see that two of his fingers were dead, the first and second, to the second joint, and I feared from his appearance that he would lose his arm if not his life. We did all we could in order to restore the warmth and color of his hand, but all to no purpose, for in less than a week the index finger (in which I inserted the solution) and the next one to it were black and dry as far up as the second joint, and his suffering for ten days was terrible. In eight weeks, a line of demarcation commenced forming, and I had the pleasure of amputating the poor boy's fingers just above the second joint.

In this case the solution had undoubtedly entered a small blood vessel, produced coagulation and thrombus.

#### Pigeon Lice Infesting the Skin of a Woman.

Dr. M. Goldsmith, of Rutland, Vt., sends the following report of a somewhat rare case, to the *Medical Record*, Oct. 29th, 1881:—

Some time last spring, a tall, gaunt, cachectic woman, with a yellowish skin, but pearly white sclerotics, came to my office, complaining of intense itching all over her body, avowing that her trouble was caused by insects crawling over her. I examined quite carefully, but could find none. She maintained, nevertheless, that she had often seen them crawling out of her skin and crawling in again.

As a number of patients happened at the time to be waiting, I told her to go home, and when any more of the vermin began to crawl over her, to catch some of them, put them in a phial, and bring them to me.

In a few days she came again, this time bringing a phial containing a number of small insects, with which, unfortunately, I was not familiar.

Moreover, she said she came prepared to show me the insects crawling out of her skin, for she had found that as soon as she began to sweat, from any cause, they would crawl out of her skin and over it, and that, if I had the time to spare, she would show the going on of the same. I told her I was ready, and forthwith she put on some wraps which she had brought with her, and drinking a bottle of hot tea, drew near the fire, and soon began to sweat.

As soon as the skin began to moisten, small black or brownish insects emerged singly, in pairs, or in triplets, from numerous points. After the sweating ceased, the insects, as the woman asserted, crowded into her skin again. *The points where they entered and emerged were the sweat-pores, which make cosy nests for them at ordinary seasons, but were apparently not to their taste when deluged with sweat.*

I sent the specimens which had been caught, to my old friend, Dr. John Le Conte, of Philadelphia, whose inquiry into such questions is a court of last resort. He answered that the insects were *pigeon or hen-lice*.

When the woman came again, she stated, on

inquiry, that she had no chickens about her house, but that there were some pigeons nesting in the garret, and that she sometimes handled them and cleaned their nesting places.

The woman was finally directed to get rid of the pigeons, wash the nesting places with tar-water and a solution of corrosive sublimate (twenty grains to the bucketful). As to those upon her person, she was advised to take sweats occasionally, and, when the lice began to scamper about, to rub over her person sulphur powder, made into a sort of cream with tar water, and to boil her clothes. She has not had further trouble with the lice.

#### Thrombus of the Vulva.

In a communication to the *Obstetric Gazette*, for October, 1881, Dr. O. E. Herrick, of Grand Rapids, Mich., observes:—

Thrombus of the vulva may occur in one or both labia, and is perhaps, most frequently caused by the efforts of parturition; but it is liable to follow any external violence, and in persons affected with varicocele of the labia, is apt to even follow efforts at stool. Persons affected with either varicocele or hemorrhoids are especially prone to this affection. Thrombus sometimes attains immense size, and in cases of parturition sometimes produces an obstruction; it has also been mistaken for a pelvic hæmatocele. After it has attained such size as to fill the whole vagina, which one ever so small to begin with may do by extending under the mucous membrane, and as the blood continues to accumulate, it gradually extends the membrane until it fills the whole cavity of the vagina, and has been known to extend even to the uterine mucous membrane itself. The treatment as recommended by some older writers was, when it became so large as to prove an obstruction to the vagina, to make a free incision, evacuating the blood and coagula, restraining hemorrhage by pressure, with or without stuffing the wound. This kind of treatment has often proved to be very dangerous, as it is not always easy to restrain the hemorrhage either by pressure or other means; while, if the patient happens to be exsanguinous or weak, from illness or other causes, the amount of blood lost before the hemorrhage is controlled may be immediately or remotely fatal. Some one has recommended that the blood be drawn off with a hypodermic syringe or aspirator, and then to inject persulphate of iron into the sac. I have never tried this plan, but should think, perhaps, it would be a good one where the thrombus is recent and small. The plan I have always pursued where the tumor was small, was to apply cooling lotions and a compress, and if after the lapse of a few days it did not entirely disappear, and after a clot had formed, and all danger of hemorrhage had disappeared, I open with a knife, let out the contents, and again apply the compress, when they will usually entirely heal in three or four days. In case it is a large one, I treat it entirely different, for the reason that it is not practicable to apply a compress where the tumor occupies the whole or a large portion of the vagina. In such cases the best plan is to



draw off either with a trocar, or, what is better still, an aspirator, the contents of the tumor, then pack the vagina firmly with cotton saturated with glycerine, being sure to pack it full enough to act as a compress; this is easy enough after the blood is drawn off, but cannot be done before. This is the treatment for a recent case. If the tumor has existed for some time, and the blood has become coagulated firmly, and it has entirely ceased enlarging, showing that hemorrhage is stopped in the sac, then there is no danger in treating it by free incisions, and that is preëminently the thing to do before the coagulum degenerates into an abscess.

#### Psoriasis from Borax.

Dr. W. R. Gowers, writes to the *Lancet*, September 24th, 1881:—

Among the cutaneous eruptions which may result from the administration of drugs, psoriasis has not, I think, been hitherto included. The following facts show that an eruption of characteristic psoriasis may result from the internal administration of borax. The facts have been met with in the use of borax in the treatment of obstinate cases of epilepsy, in which bromide fails. The first instance was in the case of a man who had taken borax for nearly two years in doses of first fifteen grains, and then a scruple three times daily. An eruption of psoriasis made its appearance on his limbs and trunk, developing to a considerable extent in the course of a few weeks. Five minims of arsenical solution were added to each dose of borax, and the eruption rapidly disappeared. Shortly afterward, Dr. Spencer, of Clifton, in mentioning to me a case of epilepsy in which he had given borax with advantage, inquired if I had met with any inconvenience from its use. I told him of this case, in which I thought it possible that the psoriasis was produced by the borax, and he informed me that in his patient the same eruption had just appeared. In this case also the rash rapidly cleared away under the influence of arsenic, and a few weeks later Dr. Spencer wrote to me, "I have not the slightest doubt that the borax caused the psoriasis, or that the arsenic cured it." A third instance has lately come under my notice. The patient was a young man who had suffered from epilepsy since infancy, and was always rendered worse by bromide, so that he was brought to me with the request that bromide might on no account be given. He took borax, first fifteen grains and then a scruple three times a day, with greater benefit than had resulted from any previous treatment, and after eight months an eruption of psoriasis appeared. Arsenic was added, but the result of treatment has not yet been ascertained.

The eruption in these cases occurred on the trunk, arms, and legs, but more on the arms than elsewhere. The face was free. It was located on both the flexor and extensor aspects. The patches varied in size, up to an inch and a half in diameter. Their appearance was quite characteristic, but the scales were not so thick as they sometimes are in ordinary psoriasis. In

no case was there a history of syphilis, and in Dr. Spencer's patient syphilis could, with certainty, be excluded.

#### Epilepsy Followed by Apoplexy.

Dr. Charles Anderson, Acting Assistant Surgeon, U. S. Army, writes from camp on Snake River, Wyoming, to the *Medical Record*, Oct. 29, 1881, as follows:—

Although the occurrence of fits of epilepsy and apoplexy in a patient within a short time of each other is not unheard of, yet without doubt it is rare enough to put on record as a case of some interest.

On the evening of December 18, 1879, I was called to see a man who had just had a "fit." The messenger described the man as having fallen suddenly, and, to use his own words, "foamed at the mouth and rasted about in the snow for as much as ten minutes." Thinking there could be no doubt but that it was an ordinary epileptic fit, the messenger was given twenty grains of bromide of potash to give the patient. Following the messenger to their camp in fifteen minutes, I found, upon entering the tent, that the patient was sitting on the bed, in a half-dazed condition, as epileptics are apt to be just after an attack. His pulse was sixty-four per minute, soft and full; the pupils were dilated. He complained of nothing, but, on questioning, said he had a sense of fullness to the top and front of the head.

While talking to him his face flushed, and he complained of feeling dizzy, and shortly afterward said he felt a numbness over the whole right side. This remark did not strike me at the time. The idea that it was *petit mal* being uppermost, he was given another dose of bromide of potash. In about an hour word came that the man was a great deal worse. On visiting him immediately, I found him unconscious; pulse, twenty a minute, very weak and irregular; respiration about twelve, and of that peculiar puffing which is so characteristic of apoplexy. The pupils were contracted and immobile. I gave him a hypodermic injection of one cubic centigram of fluid extract of ergot with one fourth of a grain of morphia sulphas, and left directions that, if he recovered enough to swallow, he was to be given a drachm of the fluid extract of ergot every two hours.

On account of the man's condition and surroundings, I never expected to see him alive again. It was no little surprise the next morning to hear that he was not only not dead, but very much better. At ten o'clock a.m., he was conscious, pulse eighty and regular; paralysis of the right side marked, but not profound. No pain, but a tingling sensation over the whole right side. He was removed to an A-tent and given fluid extract of ergot in drachm doses, three times daily for a week. The improvement was marked and continuous, and recovery was complete. He was able to sit up on Christmas day, and left camp on January 8, 1880.

Previous to this attack he said he had about fifty epileptic fits, but never had anything like apoplexy. He had never had syphilis or rheumatism, and had never been a drunkard.

This case is another illustration of how some

men will recover from serious troubles under the most unfavorable conditions. To be sick in a tent during a ten day's winter storm, with the wind from twenty to thirty miles an hour, and the mercury—20° F., surely speaks of vitality and recuperative powers little short of miraculous in the man who recovers.

#### Total Extirpation of the Uterus for Cancer.

This operation may be said at present to be on its trial, for surgeons are not yet agreed as to whether the prospect of benefit outweighs the risk. The statistical accounts that have as yet been published are incomplete; and therefore, not quite in agreement. We want figures to show us, first, in what number of cases the operation itself proves fatal, and then, in how many of those who recover from the operation, the disease returns. The statistics are not in agreement; first, because improvements are being made in the technique of the operation, and in estimating the probable future mortality of an operation, we must reject cases in which the operation was not done in the way which better knowledge has shown to be the safest, and also because some cases, published as cures, have afterward relapsed. Bearing in mind these errors, the following statistics will be interesting:—

Mikulicz (*Wiener Medizinische Wochenschrift*, 1880, No. 47), quotes from Ahlfeld a table of sixty six cases, out of which forty-nine proved fatal; in four the operation could not be completed, and of the thirteen who recovered, in six relapses occurred; of the remaining seven, in some the period since the operation, at the time the figures were compiled, was too short to allow the occurrence of relapse to be considered improbable. Some later statistics are more favorable. Kleinwachter, writing at the beginning of the present year, collected ninety-four cases of operation, with twenty-four recoveries; but Kaltenbach, writing about the same time, out of eighty-eight cases enumerates thirty as successful. These figures evidently want sifting. They all relate to cases in which the uterus has been extirpated by abdominal section. Olshausen has collected (*Berliner Klinische Wochenschrift*, No. 35, 1881), forty-one cases in which the uterus was removed by the vaginal method; of these twenty-nine recovered and twelve died. To these he adds six performed by himself, all of whom, so far as the operation was concerned, were successful.

#### On Sympathetic Ophthalmia.

Dr. Max Knies says (*British Medical Journal*), in connection with this subject there are three considerations: 1st. The character of the inflammation in the first eye. 2d. The form of the inflammation in the second eye, which is to be looked upon as undoubtedly sympathetic. 3d. The length of the period elapsing between the two inflammations. On the first point there are probably few who do not hold the view that a sero-plastic inflammation of the uveal tract is of summary causal importance. Alt's statistics show that in

ninety-five per cent. there exists at the same time a scar on the sclerotic, indicative of a traumatic origin of such inflammation. On the second point opinions differ widely, greatly on account of insufficient attention being given to the difference between sympathetic irritation and sympathetic inflammation. The first must be looked upon as a neurosis involving the motor, sensory, and vaso motor functions of the ciliary nerves, and, like other neuroses, is characterized by the fact that *cessante causa cessat effectus*. The true sympathetic inflammation is a sero plastic neuritis, which, having once set in, resists all treatment. Knies admits no such classification into serous, malignant and plastic forms as has recently been made by Mauthner, but maintains that the inflammation, though serous at first, all but invariably assumes successively these graver types, and ends only with destruction of the eye. Symptoms of irritation may begin at once and persist for long without interruption. The true inflammation seldom begins before the end of the third week, so that every affection arising sooner than three weeks after the lesion in the first eye, or much later than three weeks after the enucleation of that eye, can only be admitted to be of the nature of sympathetic inflammation when there are very strong reasons for entertaining this view. With regard to the nature of the transference from one eye to the other, three theories are discussed: first, transference by the sheaths of the blood vessels; second, by the ciliary nerves; and third, by the optic nerve. This last is the view supported by Knies; but it must be said that his arguments in favor of it are not of a very convincing nature.

#### Veratrum Viride in the Treatment of Chorea.

The following report of a case of acute chorea, successfully treated with large doses of veratrum viride, was read before the South Carolina Medical Association in April 1881, by Dr. F. E. Garry, of Abbeville, S. C., and was published in their *Transactions*:—

F. B., while at college the past winter, suffered from a very severe attack of acute rheumatism, and while convalescing from this disease, and when it was supposed he was nearly well, irregular movements of the muscles, so characteristic of chorea, were noticed. At first, these movements were confined to the left side, but as the disease advanced they became general. He was put upon the most approved treatment for chorea—such as iron tonics, oxide of zinc, chloral, arsenic, cicimifuga racemosa, etc. No benefit was derived from the administration of these remedies, and as the symptoms were becoming more aggravated, such as difficult deglutition, the drawing of the mouth to one side, the rolling of the eyes in various directions, flushed face, pain in the head, constant movement of the hands and feet, quick pulse, etc., threatening a fatal termination from congestion of the brain, it was determined to put him upon large doses of veratrum viride, ten drops every two hours, increasing two drops each dose until nausea, or a considerable reduction of the pulse should be observed.

Just after the administration of the fourth dose of eighteen drops, there was free emesis, and a reduction of the pulse to fifty beats, with great prostration; this, however, under a dose of stimulants, soon passed off, when it was observed that there was great improvement in the choreic movements, which just before had been so violent and serious. The treatment was continued in smaller doses, increasing the quantity in proportion to the movements induced by the chorea. The case continued to improve daily, and at the end of two months was dismissed cured.

#### Chloral and Bromide of Ammonium in Febrile Delirium.

Dr. C. H. Hughes, of St. Louis, writes, in the *St. Louis Medical and Surgical Journal* for November, 1881:—

An extensive experience with these therapeutic agents in the delirium of fever justifies its confident commendation to the practitioner of medicine; an experience begun many years ago at Fulton, with their use in the delirium of mania, and extended there and elsewhere to delirium associated with all other forms of disease, from that of typhoid and the exanthemata to delirium tremens and aggravated hysteria. In fact, no drug, in hysteria, equals a full resistless dose of chloral, the patient usually awakening from her "tantrums," refreshed, rested and tranquil in her nerve centres which for hours before were all unstable and unstrung.

The true therapeutic principle in the use of these valuable agents is tranquillization and the recuperation and resistance to decay which the restraint exerted by them brings about. The ammonium bromides for use during the day, and the chloral once only at night. Twenty to thirty grains of the former, *ter in die*, and as small a dose of the latter as will induce sleep at night, and largely diluted with water, milk or beef-tea, the beef-tea being preferable in all typhoid states.

While large doses of chloral are indicated in maniacal excitement, in febrile delirium only small doses are required.

To periodically arrest cerebral disintegration in febrile delirium, at the natural time for sleep, is a point gained each day in the direction of restoration, as shown in the often apparent improvement of the patient after each waking, and enables the *vis medicatrix nature* to better fight the battle of life, with destructive disease.

#### The Value of Mental Tension.

Dr. J. Mortimer Granville says, in *Popular Science Monthly*, for November: A certain degree of tension is indispensable to the easy and healthful discharge of mental functions. Like the national instrument of Scotland, the mind drones woefully and will discourse most dolorous music, unless an expansive and resilient force within supplies the basis of quickly responsive action. No good, great or enduring work can be safely accomplished by brain force without a reserve of strength sufficient to give buoyancy to the exercise, and, if I may so say, rhythm to the operations of the mind. Working at high pressure may be bad, but working at low pressure is incomparably worse. As a matter of experience, a sense of weariness commonly precedes col-

lapse from "overwork"; not mere bodily or nervous fatigue, but a more or less conscious distaste for the business in hand, or perhaps for some other subject of thought or anxiety which obtrudes itself. It is the offensive or irritating burden that breaks the back. Thoroughly agreeable employment, however engrossing, stimulates the recuperative faculty while it taxes the strength, and the supply of nerve force seldom falls short of the demand. When a feeling of disgust or weariness is not experienced, this may be because the compelling sense of duty has crushed self out of thought. Nevertheless, if the will is not pleasurably excited, if it rules like a martinet, without affection or interest, there is no *verve*, and, like a complex piece of machinery working with friction and heated bearings, the mind wears itself away and a break-down ensues.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

**A Text-book of Physiology.** By M. Foster, M.A., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge. Second American from the Third and Revised English Edition, with extensive Notes and Additions, by Edward T. Reichert, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With 259 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. Sheep. 8vo, pp. 987.

The first American edition having been exhausted in the short period of one year, the editor has availed himself of the opportunity to carefully revise the material added to the text of the former edition, and to make such additions as recent advances in experimental physiology call for. By a slight change in the typographical arrangement, this has not increased the bulk of the volume; on the contrary it has been diminished by thirty-three pages. A few old and imperfect cuts have been exchanged for new ones. This work will long hold its place as a standard text-book on physiology.

**Transactions of the Medical Society of New Jersey.** 1881. pp. 311.

The address of the president, Dr. A. N. Dougherty, was upon "Pleural Effusions, with Special Reference to Pyothorax." This paper we have already referred to elsewhere. Dr. Stephen Wickes gave a historical review of the society during the past twenty-five years, since he was first introduced as a delegate from the Essex District. Dr. G. H. Balleray, of Paterson, read an essay on "Laceration of the Cervix Uteri," and Dr. Charles J. Kipp, of Newark, on "Eye Affections from Malarial Poisoning." The remainder of the volume is made up of reports of committees, obituaries and district societies' reports.

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**THOUGHTS ON THE MISSION OF MEDICINE.**

In an oft quoted passage, the philosopher DESCARTES wrote, some two and a half centuries ago: "If it is possible for the human race to attain a perfect condition, the means must be looked for in Medical Science."

There is a certain obscurity in this famous saying, and that is in the meaning attached to the words "to make perfect" (*perfectionner*). The religious enthusiast of one way of thinking will say that the condition of perfection is the complete subjugation of the physical wants to the mental control; while those of another school, preach that it is the temperate enjoyment of all pleasant things.

If it is expected of our profession that the perfecting of the race is one of its ever present, and, on the whole, its most important future duty, then it behooves all of us who have entered its sanctuary to get some definite, and if possible, some correct notion, of what this condition of perfection is, toward which we should be guiding or pushing our fellow beings.

When we seek for some gauge or criterion of an advance toward a perfect condition, it appears to be tolerably well agreed upon among philosophers and political economists, and such like deep thinkers, that this gauge or measure is to be found in the emotion or mental conditions of *Happiness*. Thus, the most famous of the political schools of this century took for its maxim, "The greatest happiness of the greatest number." This aphorism has been attacked with great vigor, and its incompleteness shown, but as a broad statement it is still valid, and, for that matter the Golden Rule itself may be twisted into the form of a cruel and unjust law of action.

To lead men toward perfection, therefore, is accomplished by rendering them more happy. Let us assume this as granted, and pass to the next inquiry as to what are the conditions of happiness. Here, an interesting diversity of opinion presents itself. The ancients did not generally explain happiness as closely related to the physical life, but rather to the mental. Thus ARISTOTLE laid down the celebrated definition: "*Bene vivere et bene agere*"—that to live well (*i. e.* virtuously) and to act well, is synonymous with being happy. This was the *summum bonum*, which expression is not to be understood as the "highest good," but as the "greatest happiness." It is, and always has been the aim of religious happiness to teach this, but unfortunately for the votaries, the religious philosophers seem to have found their greatest delight in falling foul of each other, rather than in pursuing this goal of their theories.

A learned modern writer, Prof. WHEWELL, makes a nice distinction. He says, "as *pleasure* is the aim of mere desire, so *happiness* is the aim of wisdom." After reading this taking phrase over several times, we remain in doubt whether it is anything more than a playing with words. It is distinctly contrary to the modern view. The latter is well and tersely put by ALEXANDER BAIN—"Happiness is the surplus of Pleasure over Pain." Here, it seems to us, we get down to "bed rock," to a practical working formula. Remove or diminish *pain*, and we thereby increase pleasure, and thus confer hap-



piness. This puts the matter in such a shape, that we can work at it with cheering signs of visible progress, and with reasonable hope of great future attainments. If this means perfecting the human race, the task, though arduous, is not impossible. Thoughtful physicians have recognized this. Thus Dr. MARTIN, in his book on the *Diseases of Tropical Climates*, made the remark: "It may reasonably be supposed that by rendering men more healthy they will become more happy."

Security from accidents, from epidemics, from painful or dangerous complaints, could it be had, would remove a source of intense anxiety and unhappiness. COLERIDGE expresses this in a punning remark: "Happiness is a state, the perfection of which consists in the exclusion of all *hap*, that is, chance." There is sagacity in this, and it discloses to us why there is so much more solid happiness in a well ordered state, one of settled government, than in a condition of anarchy. It hints, too, at how much we further this object in removing apprehensions about health, by lessening the avoidable causes of disease.

## NOTES AND COMMENTS.

### Syphilis in Japan.

In a communication to the *Pacific Medical and Surgical Journal*, Dr. Stuart Eldridge, of Yokohama, says, that although the prevailing opinion that syphilis contracted from a Japanese is of a peculiarly severe and intractable nature is entirely erroneous, yet there are some peculiarities in the nature of the primary lesion as met with in foreigners, which are worthy of notice. A surgeon who should take as invariable, or even usual guide, the dicta that early development, plurality, absence of defined induration and suppurating bubo exclude the possibility of constitutional infection, would in Japan find himself woefully mistaken, as some have done. A cursory survey of, say, the venereal ward of the General Hospital for Foreigners in Yokohama, would, apparently, afford evidence of the existence of a large proportion of chancroid in the gross sum of venereal disease. Chancroid is, on the contrary, the rarest of the diseases of its class, and no matter what the apparent nature of

the primary sore, constitutional infection is pretty certain to follow.

It must not be understood that all initial lesions are of this doubtful character, for by far the larger proportion of cases of syphilis take origin, here or elsewhere, in typical Hunterian sores or one of the various other modifications of the infecting sore described in the books. Primary sores of all kinds, as a rule, are amenable to simple treatment, and phagedena or other serious complications rare.

In reference to the prevalence and nature of the disease among the natives, there is more to be said. Syphilis in Japan is almost commensurate in its distribution with human life itself. All ranks of society suffer, and probably in proportion far more nearly equal than in most other countries. It is very exceptional to find a male Japanese who will not acknowledge that at some time he has suffered from syphilis.

The earlier manifestations of the disease are everywhere met with. The later and more serious lesions, are excessively rare.

Acquired syphilis is in the Japanese of the mildest form, and rarely progresses beyond the earlier of the so called secondary symptoms; while recovery is rapid and generally complete. So true is this, that it is sometimes very difficult to find upon the person of a native who gives an unmistakable history of an attack of syphilis some years before, any corroborative evidence of the usual kind, such as scars, other than primary sore, nodes, or even glandular engorgements.

Like in other countries where the disease has run riot for centuries, the people have acquired a comparative immunity from its graver effects, and it has to a certain extent worked its own cure. This may be due either to gradual attenuation and weakening of the virus, or, as the author is inclined to believe, to an insensibility to its action, the result of a universal taint.

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In support of this opinion, he quotes numerous

authorities who, from observation, have arrived at the same conclusion, and also points out that the crossing of different races of mankind invariably produces inferiors, natural criminals and idiots. The same is also the case with other animals. He therefore believes that if dogs of different breed were prevented from crossing or their progeny disposed of, rabies might be prevented. He further on makes the somewhat sweeping statement that along the entire Pacific Coast, from Behring's Strait to Cape Horn, not a well authenticated case of rabies was ever known. He regards this immunity as due to certain atmospheric conditions, and thinks that a test of the power of the climate of the American Pacific coast to prevent the development of rabies could easily be made, with strong probability of proving a blessing to hundreds of human beings who have no other hope. The period of incubation is so long in many cases that several dogs known to be badly bitten by a dog known to be suffering with rabies could be sent here under guard and kept behind prison bars and under observation until the extreme limit passed. Or a more practicable plan might be to have a number of the many persons who are annually bitten by rabid dogs in the Eastern States and Europe come to this coast, and remain here until the extreme limit of the possibilities was passed, selecting any place from Cape Horn to Behring's Strait, preferably, however, California, where they have a varied climate and all kinds of dogs, and are in close communication with all parts of the world. The patient having a knowledge of these facts, and the support of the hope of escape, it might be a power to prevent an attack; and, if he were attacked, the disease might be so modified by the climate as to render it susceptible of cure.

#### On the Removal of Warts.

Dr. W. Allan Jamieson says, in the *Practitioner* for September, 1881, that chromic acid, one to one of water, is by far the best remedy. The skin round each wart is first protected by painting it with oil, and then the wart itself is soaked with the solution of chromic acid; this absorbs water from the tissues, coagulating and hardening the albuminous tissues at the same time, and the unsightly warts soon disappear. These warts seldom appear after puberty on the hands, but a healthy girl, well grown, aged fifteen, came to the writer some time since with dozens of them on her hands, which had annoyed her for six years. Of course they much interfered with work, being always in the way. Steady use of the chromic acid removed them in a few weeks.

#### Uses of Chaulmoogra Oil.

A foreign exchange says, Chaulmoogra oil, which has obtained a certain reputation in India for the amelioration of the symptoms—I will not say the cure—of leprosy, has been introduced into this country with the somewhat vague reputation of being useful in skin diseases. It has answered well in my hands in some cases of eczema of the face which had passed the moist stage and tended to become dry. It seems to act as a mildly stimulating astringent, but its applicability is certainly limited, and experiments with it in Germany, recently reported, have not increased its reputation. It is in the strumous forms of eczema of the face in children and young persons that the best results from its use have been attained.

#### Convalescence of Typhoid Fever.

Dr. Bravie, in his dissertation on this subject, in the *Gazette des Hôpitaux*, comes to these conclusions: 1. The pulse and the temperature approach the normal; but still, the pulse sometimes remains frequent, and that for a long time. 2. The weight of the body is constantly on the increase, and whenever we find it diminishing or remaining stationary, we have reason to fear some accident, and must search out for its cause and nature. 3. The muscular force increases daily, in a constant and regular manner. 4. Urea is excreted in a large quantity during confirmed convalescence, so that it may sometimes be double the weight of that excreted in the normal conditions. When convalescence is nearly completed the quantity diminishes, more and more approaching the physiological condition.

#### New Treatment of Syphilis.

The Paris correspondent of the *Lancet* writes:

M. Martineau has published the result of a large number of cases of syphilis treated by a new method at the Hôpital Lourcine. The preparation employed consists of a mixture of powdered peptone, chloride of ammonium, and bichloride of mercury, which are dissolved in water and glycerine. In order to have a standard solution which shall contain five centigrams (.02 grain) in a gram, the following proportions are taken:—

R.	Powdered peptone (Catillon),	grs. ix
	Chloride of ammonium,	grs. ix
	Bichloride of mercury,	grs. vj. M.

These are dissolved in glycerine, seventy-two grams; water, twenty-four grams. This solution, which the author calls "normal," further, diluted with five parts of distilled water, is of



such strength that an ordinary French hypodermic syringe represents ten milligrams, or one-fifth of a grain of corrosive sublimate. The solution is injected subcutaneously, and the dose employed by M. Martineau has varied from two milligrams ( $\frac{1}{15}$  grain) to ten ( $\frac{1}{3}$  grain) of bichloride of mercury. Altogether one hundred and seventy-two patients have been under observation, and a total number of three thousand eight hundred and thirty-eight hypodermic injections made. No abscesses or sloughs have ever followed the operation; sometimes a defective injection has given rise to a lump, but this has always rapidly disappeared. There is never either stomatitis or salivation, even with one-fifth of a grain of the mercuric salt daily.

#### Opacity of the Vitreous Relieved by Galvanism.

Our foreign exchanges mention an important discovery announced at a recent meeting of the Paris Academy of Medicine. M. Giraud-Teulon has had occasion to deal with twenty-four cases of opacity of the vitreous humor within the last fourteen years, and all of these have been submitted to treatment by galvanic currents. Twenty-two have been notably modified, a marked clearing up of the vitreous humor taking place. In most of these the sight was correspondingly benefited, although in some instances further and deeper mischief remained to prevent vision. Twice only was the constant current unable to clear up the opacity, but these were cases of neo-formations of syphilitic origin. M. Giraud-Teulon's high scientific position makes these statements of great importance.

#### Free Fluorine.

Hitherto chemists have never succeeded in isolating fluorine, on account of its great affinity for every known element except oxygen, with which it does not combine. The *Boston Journal of Chemistry*, for October, 1881, however, informs us that the discovery by Loew, of the presence of free fluorine in a certain variety of fluor-spar, found at Wolsendorf, in Bavaria, has just been announced. This spar is dark violet in color, and has a peculiar odor, which scientists have attempted to explain by various theories, but not very satisfactorily. Loew came to the conclusion that the odor might be due to free fluorine; and, to test his hypothesis, he ground a kilogram of the Wolsendorf spar with water containing ammonia, using small portions at a time, the filtrate and wash-waters from the earlier being used with the later quantities. The last filtrate was mixed with sodium carbonate

and evaporated; the residue treated in a platinum capsule with sulphuric acid, and covered with a watch glass, kept at 40° to 50° C. for a long time. On examining the glass it was found to be considerably corroded. Since fluor-spar is not entirely insoluble in water, the experiment was repeated, using the inodorous mineral. The result was so exceedingly feeble as to dispose entirely of this objection to the former result.

Since the odorous spar contains cerium, Loew believes that the free fluorine is produced by the spontaneous change of ceric fluoride into cerous fluoride and fluorine.

#### Health Resorts on the Pacific Coast.

Mrs. M. P. Sawtelle, M.D., editor of the *Medico-Literary Journal*, published in San Francisco, calls attention, in the October number, to the health resorts on the Pacific coast, and especially to Monterey, where the exquisite beauty and variety of scenery are diversified with ocean, bay, lake and streamlet, mountain, hill and valley, and groves of oak, cypress, pine and other trees.

In the climate of Monterey, says she, there is an even temperature that can be found nowhere else, not even at Nice and other renowned watering places on the Riviera or Mediterranean coasts. All the attractions that the clear skies of Greece and Italy have had from remote times for residents of the north, are excelled by Monterey.

The Monterey Bay is a magnificent sheet of water, and is twenty-eight miles from point to point. It is delightfully adapted to boating and yachting; and many kinds of fish may be taken at all seasons of the year. For bathing purposes the beach is all that could be desired—one long, bold sweep of wide, gently sloping, clean white sands—the very perfection of a bathing beach, and so safe that children may play and bathe upon it with entire security. There are also great varieties of sea-mosses, shells, pebbles and agates scattered here and there along the rim of the bay, fringed as it is at all times with the creamy ripple of the surf.

#### Change in Bone Texture in Hemiplegia.

The *Gazette des Hôpitaux*, states that in a communication to the Paris Hospital Society, Dr. Debove observed that in his practice at the Bicêtre he had frequent occasion to see fractures in the subjects of hemiplegia; these fractures always occurring on the hemiplegic side, there

being every reason to believe that changes took place in such cases in the osseous tissue, rendering it more fragile. In one case of chronic hemiplegia, he found that not only the fractured bone itself, but all the bones on the same side, had undergone such change. They were less heavy than on the sound side, the medullary canal was larger, and the substance of the diaphysis was less compact. Examined histologically, the Haversian canals were found much dilated and the bone porous. Chemical examination also shows that the diaphysis contains a larger quantity of fat. These fractures usually consolidate rapidly, the callus being somewhat more voluminous.

#### Inhalation of Eucalyptol in Pulmonary Affections.

Dr. William W. Moore, of Warren, Mo., states in the *St. Louis Clinical Record*, that he has for many years suffered from a pulmonary affection, and such a tolerance has been established that large quantities of muco purulent material collect in the bronchi during the night, which become dry by morning by the constant withdrawal of moisture by the respired air. Thus, it requires much time and effort to remove the tough, tenacious collection each morning. He used the eucalyptol by inhalation from a handkerchief. It seems to permeate the minutest bronchioles, and to soften the morbid secretions, so as to enable him to expectorate without difficulty. His condition has greatly improved under its use.

#### On the Treatment of Puerperal Mania.

In a paper on puerperal mania, based on the study of twenty-seven cases, which was read before the Southeastern Kansas Medical Society, by Dr. C. P. Lee, of Pleasanton, Kansas, and published in the *Kansas Medical Index* for August, 1881, the author remarks:—

"In these cases I have derived much benefit from the entire exclusion of the solar light from the patient's chamber, enjoining quietness, and avoiding all unnecessary interrogation. A light, nourishing diet; the tepid bath once every day. But a little additional treatment is all that I regard as essential in the treatment of puerperal mania when no bodily disease exists."

#### Nitrite of Amyl and Nitro-glycerine for the Relief of Toothache.

Dr. F. P. Atkinson recommends, in the *Practitioner*, the application of either nitrite of amyl, or a one per cent. solution of nitro-glycerine, as an efficient remedy for toothache.

## SPECIAL REPORTS.

### No. XX.—OPHTHALMOLOGY.

BY C. S. TURNBULL, M.D.

(Continued from Vol. XLIV, page 474.)

The literature of ophthalmology continues to grow rich rapidly, as contributions pour in from all parts of the world. Renowned and eminently scientific men, who devote themselves to this special branch of surgery, are daily recording their experiences, and it is a fact well worthy of remark that each modern addition savors more and more of *practical* medical or surgical worth. The following remarks, quoted from an exhaustive article by J. S. FERNANDEZ, M.D., of Havana, with his conclusions deduced, are of especial value from a surgical standpoint:—

**AMAUROSIS FROM LESIONS OF THE EYEBROW OR ORBITAL REGION.**—Wounds of the superciliary region, and the loss of sight which often follows, have always been studied with much interest, but so far no satisfactory explanation has been offered regarding the relation between the solution of continuity and incidental amaurosis.

Previous to the discovery of the ophthalmoscope many cases had been reported, but they are as vague as the more recent reports, in which an examination of the internal eye has been neglected. That the ophthalmoscope alone could solve the difficulties which envelop the matter is not so sure; but there is no doubt that a number of cases, watched from the beginning, and subjected to examination of the interior of the eye, would throw much light on the subject, and greatly reduce the difficulties now in our way.

The experiments of Vicq d'Azir on the lower animals for the purpose of solving the problem, are also lacking in the means of investigation furnished by the ophthalmoscope, and it may be stated that at present, and not excepting my own, no complete reports of cases exist, for often if we are called to the patient immediately after the injury was received, he is not seen again at a later period; while, on the other hand, if the case presents itself after the occurrence of the amaurosis, seldom can we obtain a satisfactory account of the facts as they occurred.

Hölder collected 168 cases of fracture of the skull, of which 88 were of the base, and 80 of the roof of the orbital vault. Prescott Hewett gives 23 of the latter and 68 of the former variety, and Schwarz 66 of the orbital vault and 102 of the base of the cranium.

In 80 cases of fracture of the roof of the orbit mentioned by Hölder, in 54 the fracture involved the optic foramen. The optic nerve was partially or completely ruptured, and presented hemorrhagic foci in its substance, blood being effused under its sheath in 42 instances. The displacement of the bony fragments of the optic foramen directly injures the nerve, and hence, unilateral, complete and incurable amaurosis of sudden occurrence. Hemorrhage under the

sheath of the optic nerve is the occasional cause of amaurosis, and when the latter is double, fracture of both optic foramina extending across the pituitary fossa of the sphenoid bone must be admitted. It is probable that when the amaurosis is curable, it was the result of hemorrhage, intracranial or sub-vaginal. With a view to the settlement of the question under consideration, in so far as the lower animals are concerned, I have experimented on twenty-seven dogs, as follows:—

In the first group I divided, subcutaneously and to the bone, the tissues at the internal and external extremities of the supra-orbital arch, using Petit's knife, and cutting from right to left, and *vice versa*, as in neurotomy of the frontal branches. The wounds healed in twenty-four hours, and thirty days thereafter vision was still perfect on the side operated upon. To determine this the lids of the other eye were closed by sutures in all the dogs subjected to this series of experiments.

In the second group the integuments were divided along the supra orbital border, in the region which would more approximately correspond to the superciliary in man, and the bone exposed; the periosteum was cut so as to insure the division of the frontal nerves. The wounds were closed by sutures and soon healed, the result as to loss of sight being negative. The third and fourth series were subjected to cuts, more or less deep, by striking the exposed bone on the same region with a razor, but no alteration of sight followed.

Another group suffered contusions on the same place, one of the dogs being instantaneously killed. The others were temporarily stunned, but none had lost vision on the affected side thirty days afterward.

In the sixth series trephining was practiced, and water forcibly injected into the interior of the cranium with a syringe nine centimeters long by two in circumference. In none did blindness supervene.

In the last group a bony plate was detached in the same region, so as to expose the dura mater, which was not injured. Some hemorrhage followed the operation, but no amaurosis.

The following conclusions may be deduced from the foregoing:—

1st. Amaurosis following wounds of the eyebrow is generally the result of cerebral lesions, as proved by the fact that in the greater number of cases the patient loses consciousness, or dies soon after the accident.

2d. Although modern ophthalmological literature does not contain a single instance, followed up from beginning to end by ophthalmological examinations, two of my cases and Galezowski's observations go to show that amaurosis is due to atrophy of the papilla, and this to a cerebral lesion of more or less severity, or to injury of the optic nerve in its passage through the optic foramen.

3d. Those cases where the amaurosis is attributed to sympathetic action or excitability of the fifth pair of nerves, from whatever cause, occurred previous to the employment of the ophthalmoscope, and were open to erroneous interpretations.

4th. The amaurosis occasioned by simple irritation of the supra orbital nerve, from punctures, cicatricial distention, or any other cause, might at the present time be doubted, in the absence of a single complete clinical record to support it; but inasmuch as sympathetic amaurosis from excitability of the maxillary branch of the fifth has been observed, the possibility of a similar result as regards the supra-orbital, one of the three principal branches of the trigeminus, cannot consistently be denied.

5th. The entire identity between amaurosis from irritation of the superior maxillary supra-orbital nerves once conceded, the prognosis must be considered equally favorable in either case; for amaurosis from wounds of the eyebrow resulting in atrophy of the papilla, incurable.

6th. The experiments on dogs, inflicting divers traumatic lesions on the supra-orbital region have not been followed by amaurosis.—(*American Journal of Medical Sciences*, January, 1881). Translated from the Spanish, by A. B. De Luna, M.D., of New York.

Dr. THOMAS R. POOLEY, of New York, in an interesting article on the *detection of the presence and location of steel and iron foreign bodies in the eye by the indication of a magnetic needle*, says: A series of careful experiments were made to determine, first, whether unmagnetized particles of iron or steel will exert sufficient influence on a magnetic needle to indicate with certainty their presence at distances sufficient to make such method available for their detection in the eye. Second, to determine the practicability of rendering such particles magnetic at such distances as to be able to take advantage of their increased effect on the magnetic needle, for the detection of their presence and location in the eye.

We may draw the following conclusions from these experiments:—

1st. The presence of a steel or iron foreign body in the eye, when of considerable size, and situated near the surface, may be determined by testing for it with a suspended magnet.

2d. The presence and position of such a foreign body may most surely be made out by rendering it a magnet by induction, and then testing for it by a minute suspended magnet.

3d. The probable depth of the enclosed foreign body may be inferred by the intensity of the action of the needle near the surface.

4th. Any change from the primary position of the foreign body may be ascertained by carefully noting the changes indicated by the deflection of the needle.

P. concludes: It is not my purpose to claim more for this method than the facts sustain. Among other precautions in the conduction of my experiments, I have tried not to be magnetized myself by my interest in the subject. Much may yet be done to perfect the method. It seems to

me especially desirable that a more delicate needle than I have yet been able to obtain should be made use of. It is not too much to say that my studies of the method lead me to predict a useful future for it in practical ophthalmology. (*Archiv. Ophthalm.* Vol. ix, No. 3.)

#### MYOTIC ALKALOIDS.

The mode of the action of drugs which affect the pupil has always been a somewhat obscure subject, and an investigation into the mechanism by which pilocarpine contracts the pupil, by Drs. LABORDE and FITZGERALD, is of considerable interest.\* Five milligrams of the hydrochlorate of pilocarpin injected beneath the skin of an animal determines, in five minutes, not merely general diaphoresis, but also a strong contraction of the pupil, and this, even though the third nerve has been previously divided, so that the central influence on the sphincter is at an end. The drug must, therefore, act by stimulating locally the fibres of the sphincter, or it must paralyze the sympathetic innervation of the dilating fibres. The local action, although intelligible when applied locally, is scarcely conceivable when it is introduced into the general system. The action on the sympathetic seems the more probable. If the third nerve has not been divided, and the action of the drug is closely watched, the first effect is a fixation of the pupil in a state rather of mydriasis than of myosis, apparently due to a simultaneous act, paralysis of both muscles; then the sphincter gets the ascendancy, and the pupil slowly contracts. That such a double action really takes place, is shown by the effect of the drug when the sympathetic has been divided, the third nerve being intact. Then, the action of pilocarpin is to slightly dilate, not to contract the pupil. Thus there is reason to believe that the drug acts as a paralyzing agent upon both sets of the nerves of the iris, and the myosis is due to its action upon the third nerve being less than its action on the sympathetic, or to the fact that, when both are paralyzed, the tonic force of the sphincter is the more powerful.

In the treatment of chronic mydriasis we have frequently noticed a precisely similar action on the part of the alkaloid eserine (from 1 to 4 gr. solution) and after carefully watching, first the fixation of pupil, then its dilatation, and subsequently slow contraction, and have felt satisfied in the explanation as above, and according to Drs. LABORDE and FITZGERALD. Then, too, as the action of the drug passed away the reverse was the case, and in so far as eserine was concerned the reflex, as it were compensating, action occurred, and the

mydriasis was temporarily increased. Therefore weak (from  $\frac{1}{2}$  to 1 grain) solutions of eserine are by far the best in the treatment of chronic mydriasis from any cause; the instillations to be of service, must be regular and frequent.

It may be noted, however, that Albertoni, and recently Harnack and Meyer, have come to a different conclusion. Finding that when the pupil is strongly contracted by pilocarpin, irritation of the cervical sympathetic still gives rise to considerable dilatation, they believe that pilocarpin causes contraction by stimulating the third nerve. The fact, however, is quite reconcilable with the observations of Laborde and Fitzgerald, since the paralyzing action which they assume may be on the central connection of the nerves, and then stimulating of the trunk would still cause contraction of the dilating fibres. In connection with the slight mydriatic action, which Laborde and Fitzgerald observed, it may be remarked that jaborandi has been found, by Drs. Harnack and Meyer, to contain an alkaloid, which they have termed jaborin, which dilates the pupil and has an action on the heart, the salivary glands, the intestines, and the central nervous system, exactly like atropin, and which is found also, like it, to antagonize the action of muscarin. These authors point out that many commercial preparations of pilocarpin contain also jaborin, and the presence of this substance may explain the mydriatic effect of pilocarpin observed by Drs. Laborde and Fitzgerald at the commencement of its action and after the sympathetic had been divided. It is evident that to furnish conclusive evidence that pilocarpin acts on both sets of nerves, their experiments must be repeated with a preparation of pilocarpin from which all jaborin has been removed. It is possible that jaborin may turn out to be actually identical with atropin or with hyoscyamin. (*Lancet*, Nov. 13th, 1880).

#### IDENTITY OF THE MYDRIATIC ALKALOIDS.

Prof. A. Ladenburg of the University of Kiel, who has already made some important discoveries regarding the constitution and products of decomposition of alkaloids, publishes the results of further investigations on the solanaceous alkaloids, atropine, hyoscyamine, daturine and duboisine.\* His experiments, which seem conclusive, show that hyoscyamine, daturine and duboisine are identical with each other, and not merely closely related; and that atropine and hyoscyamine, though not actually identical, are isomeric in composition. He concludes, therefore, that there occur in nature only two mydriatic alkaloids, namely, atropine and hyoscyamine.

When hyoscyamine is decomposed (with baryta or hydrochloric acid) it forms two new products, which were heretofore denominated hyoscine and hyoscynic acid.

Under similar conditions, atropine furnishes

\* *Berichte d. Deutschen Chem. Gesellschaft*, Vol. XIII, 1880.

\* *Lancet*, Nov. 13, 1880.



tropine and tropic acid. Ladenburg has now ascertained that both the acids, hyoscynic and tropic, and the secondary alkaloids, hyoscyne and tropine, are identical.

Hyoscyamine may be converted into atropine, and on decomposition, both of these alkaloids yield identical products (*American Journal of Medical Sciences*, Jan. 1881, p. 280).

On the Cause of the Tendency to Progression in Myopia, Javal (*Annals d'Oculistique*, August, 1880), considers it important for myopic eyes to avoid as much as possible any effort at accommodation. In slight degrees of myopia, i.e., under three to five dioptries (12'' to 7''), he gives convex glasses for reading; when the myopia is greater, concave, which bring the far point to thirty centimeters, or thereabouts. This treatment which he has adopted for many years, has, he considers, been highly effectual in preventing the myopia increasing. He does not accept the view of Donders or Giraud-Teulon, that convergence tends to increase myopia, owing to the pressure of the internal recti. Another explanation seems necessary. Taking into consideration the extreme frequency of myopia in persons who read a great deal, and its rarity among needlewomen, who are obliged to keep up quite a constant convergence, the principal peculiarity in reading would appear to be the variations in the amount of accommodation which are necessary. Thus the difference in accommodation for the middle and ends of a line, increases as the page is held closer to the eyes, so that, to take an extreme example for a myopic of fifteen dioptries (21'') a line ten centimeters in length, would demand a variation of accommodation equal to seven dioptries. No mention is made of the invariable compulsory movements of the head in such cases.—*Edinburg Medical Journal*, November, 1880.—*American Journal of Medical Sciences*, January, 1881.

There is but little doubt left in our minds but that efforts at accommodation are, as Javal states, to a great measure not only one cause of progressive myopia, but also the cause of acquired myopia, and especially is this latter the case in school children.

What then can be the cause of the existence of so large a percentage of weak eyes and myopia (near-sightedness), as is found among our school-children? If, as Javal states, and we believe it to be a fact, progressive myopia is caused by efforts at accommodation on the part of myopic eyes, so on the other hand, efforts at accommodation will not only cause an increase of preëxisting myopia, but also induce myopia

in preëxisting emmetropic, especially young susceptible eyes. In our opinion, based upon experience and the laws of physiological optics, it is not only 'near work,' which is said to do the same, but also efforts at far-off work, coupled with spasm of accommodation, due to the embarrassment consequent upon having fixed points for either near or far vision, light improperly arranged, etc.

(To be continued.)

## CORRESPONDENCE.

### Points about Vaccination.

ED. MED. AND SURG. REPORTER:—

On the 15th of October I vaccinated a healthy male child, aged nine months. A fresh quill of bovine virus was used. It was obtained directly from one of the best vaccine farms. The operation was performed carefully. The virus was introduced at two abrasions. By the fourth day the evidence of irritation at both abrasions was almost entirely gone; and at one only was there anything like a papule. By the sixth day there was no reason to even hope that a vesicle would result, save at one of the abrasions. On the eighth day two small papular elevations existed at the side of the abrasion, but did not appear to be of any account. On that day I decided to repeat the operation, taking the virus from a good vesicle on the arm of the father of the child, which vesicle was the result of vaccination on the 15th, with the remains of the quill used on the latter. Two abrasions were made, one of them close by the two papular elevations. Two days afterward the two papules had become transformed into a fine, large umbilicated vesicle, which was surrounded by a marked areola of over two inches in diameter. At the other abrasion there were some thickening and considerable redness that day; and next day there was a good, though not large vesicle with an areola nearly as large as the one around the other vesicle. The course of both vesicles afterward was regular and both went through their stages synchronously.

Now was time all that was necessary to transform the papular elevations spoken of into a vesicle? It is likely that it was; still, it is possible the virus inserted the second time, precipitated the result.

The circumstances of the vesicle which resulted from the second virus inserted, forming and forming so speedily, as to overtake the other, were to be expected. Experiments made by Jenner himself, and by Mr. Bryce and others, showed that a second vaccination, if effective, develops so quickly as to catch up with the other before the stage of maturity is reached, but to be effective, at least, when humanized virus is used, it must be done within a certain time; within the fifth day, as a rule. In his comprehensive book on vaccination, Dr. Seaton says: "If at any period, not later than the fifth day from the successful insertion of vaccine lymph into the arm of a child, a fresh insertion of lymph be made, the second vaccination will take effect as cer-

tainly as if no previous vaccination had been done; but the vesicles arising, while corresponding in size to the date of their origin, will overtake, in their course, the vesicles first made, will arrive at maturity and will fade at the same time with them." And, again, "That the result may follow a second insertion of lymph, such insertion must be always made within five days, i. e. within five times twenty-four hours from the primary insertion. If it be delayed beyond this, it will fail; there will either be no result, or a mere hard pimple. No doubt there are apparent exceptions to this rule, and cases are now and then met with, where lymph takes effect, though not inserted until the sixth or seventh day of the vaccination; but these it will be found are not real exceptions, they are simply cases in which the course of the vaccination has been retarded, the areola instead of appearing on the eighth day of the first insertion, not coming out until the ninth or tenth."

As soon after vaccination as the system has become influenced effectively, a second insertion of virus ceases to take effect. And just as long as a second introduction of virus will take effect, so long is the person liable to contract smallpox. In the case spoken of above, there was no protection afforded for nearly ten days after vaccination, or within a day or two of the average duration of the incubative stage of smallpox.

It would seem that as a rule bovine virus does not take effect as soon as humanized virus. It seems certain, too, that absence of effect is much more frequent with bovine than with humanized virus. Besides also retardation of effect for a considerable length of time is far more likely to occur with bovine than with humanized virus. Dr. Seaton holds that with good humanized virus, obtained directly from the arm on the seventh or eighth day, a careful vaccination should not fail oftener than once in every one hundred and fifty times; and in respect to the degree of certainty with bovine virus, he refers to a series of 4163 cases of children done under good conditions in which only 2614 or 62.79 per cent. proved successful. Failure with bovine virus is certainly very common. Such at any rate has been my experience with it. The only persons I have met who say that failure is extremely rare, are certain pharmacists and others who deal in virus, persons who speak without knowledge and who are saturated with the mendacity of trade.

The statements just made are deserving of very serious attention. Under various circumstances it is exceedingly important that vaccination should take effect as soon as possible, and that there should be as little uncertainty as possible about its proving effective. There is good ground for the opinion that if a child is in imminent danger of contracting smallpox, it is hardly justifiable to resort to bovine virus, even if on quills recently charged; humanized virus, which is known to be absolutely fresh and of good quality, if procurable, should be used; and the virus directly from the arm should be preferred to a scab. In the case cited, if the child had been exposed to the contagion of smallpox about the time he was vaccinated, the disease might have developed in spite of the latter.

I should say, then, that if a child in evident danger of contracting smallpox is vaccinated, and the disease develops within eight or ten days, the plea that the contagion had taken effect before the operation could be effective is not admissible, unless the virus which acts most quickly and most infallibly, was used and introduced at not less than three or four points.

I have no desire at present to speak of the various objections which may be presented against the use of bovine virus, but in addition to what has been said, I may refer to one, and a very serious one, which springs from the uncertainty of effect from it, namely, that when it fails to prove effective, a second trial is apt to be postponed indefinitely. This is very frequently the case in persons in need of revaccination; in them, the fact that the virus has failed once to take effect, often leads to the belief, that the operation is uncalled for. In this way, I am sure, many are left unwittingly unprotected against smallpox. THOS. S. SOZINSKEY, M.D.,  
*Philadelphia, November, 1881.*

#### Jaborandi in Croup.

ED. MED. AND SURG. REPORTER:—

I have just discharged, as cured, a little girl of seven years old, who had an attack of genuine pseudo-membranous croup of two weeks' duration, treated principally with fluid extract jaborandi and its active principle, pilocarpine. My experience with this disease in the past has been discouraging. Out of fifteen cases treated, during the last fifteen years, I cannot claim that I cured one, notwithstanding three cases were operated on, and the remainder had the benefit of modern remedies and appliances, and extensive consultation. Within the last year I prescribed for several cases of catarrhal croup, using jaborandi with yerba santa and grindelia robusta, with flattering results, and determined to try the same treatment for every case met, to prove the remedy.

On the 12th of October I was called to see Fanny B., aged seven, suffering with croup. As she had fever and headache, I gave her sedative remedies and quinine, until the fever subsided, and immediately thereafter commenced with jaborandi fluid extract, in twenty-drop doses every two hours. The remedy produced nausea and vomiting, and it was given in teaspoonful doses by enema, until the full effects were experienced.

The physiological effects of jaborandi resemble that of collapse, or more particularly the cold stage of congestive fever. The patient complained of heat, and threw off the covering, when she was cold and livid. Her extremities were livid and cold, and wet from perspiration.

After getting through with the quinine treatment, to relieve the patient of malarial influence, on the second day, the 13th, she commenced fairly with the treatment with jaborandi. All of the dyspnoea, and the dry brassy cough was superseded by a moist but still croupy cough, and almost natural breathing. By placing the patient on her back, so she could swallow the saliva, it was supposed the influence of the remedy would be protracted. The nausea and vomit-

ing was relieved by aromatic spirits ammonia, and reaction brought about by the use of dry heat, and sinapiams to the extremities. The patient took jaborandi every two hours, night and day, for nearly two weeks, and it was desirable to keep up a gentle salivation with moist fauces and larynx, which was accomplished, but the patient occasionally experienced a collapse. The repeated nausea generated a catarrh of the stomach, which was always relieved by oxalate of cerium. Pilocarpine was given after the patient conceived a dislike for the fluid ext., and the result was about the same.

On the third day of treatment a piece of membrane was detached and coughed up, three inches long, tubular in shape, and exhibiting a cast of the trachea. After this, she repeatedly coughed up small pieces of membrane.

As Dusart claims that his syrup of lactophosphate of lime will prevent the formation of membrane in pseudo-membranous croup, she took teaspoonful doses every two hours, with two grains of sublimed sulphur, alternating with the jaborandi. She also had the benefit of atomized lime water, several times a day. Lactic acid was also used by inhalation. As each day's treatment was a repetition of the preceding one, it is not necessary to follow up the details. The jaborandi evidently cured the case, as it relieved the urgent symptoms after the first few doses, and it acted not only on the salivary glands but on the glands of the fauces, and kept the inflamed larynx and trachea bathed in the secretions of these glands, and arrested the further formation of the membrane. Perhaps the sulphur and Dusart's syrup afforded some aid in bringing about such a happy termination. W. N. AMES, M.D.

Starkville, Miss.

#### Amyl Nitrite in Tinnitus Aurium.

ED. MED. AND SURG. REPORTER:—

Seven years ago last August, in a journey from the White River Ute Indian Reservation, Colorado, to Rollins Station, Wyoming Territory, while in company with the United States mail carrier, I camped near a small stream for the night. Some time during the night or early morning, I was awakened by a buzzing, or rather what appeared a flapping of wings in my left ear. This continued without cessation during the remainder of the night, in spite of my efforts for relief. During the preparation for breakfast, and making the next station (twenty miles), the intervals of ease became longer and longer, and some time during the afternoon the buzzing ceased entirely. I distinctly remember that every flapping of its wings seemed to be accompanied by a struggle to release itself. No further trouble was experienced in the two days which it took to complete the trip—during my stay of a week—nor on my return to White River. Subsequently I remember some half-dozen transient attacks of tinnitus, with intervals of a year or more, until this last recent attack, which continued with unabated fury for about one week, night and day. After enduring it for a day or two, having a little nitrite of amyl, which had been partially absorbed in a cork at the bottom of a vial,

I inhaled it, with prompt relief, but the noise soon returned. I then thought I would see what it was going to do, and watched symptoms; but as it kept up its distressing noise, I then concluded to consult a wiser head in this specialty of aural surgery. Suffice it to say, that the wisdom which I sought seemed to me to be foolishness, and I was thrown upon my own resources. "Necessity is the spur as well as the mother of invention." We doctors make poor patients. We won't stand much medication when it comes to our own precious bodies. I procured  $\frac{3}{4}$  j of Squibb's nitrite of amyl, turned some into a  $\frac{3}{4}$  j vial, and put on my handkerchief, for inhalation, what would be likely to come out from suddenly inverting the vial upon, and immediately compressing my handkerchief, with the result, at first, a modification of the tinnitus, in the character of the sound (lighter); then longer intervals of ease; finally, a decided sense of inexpressible relief; and remarked that I felt a positive change in that side of the face; I should add that it was about the average dose,  $\frac{m}{x}$ , with no discomfort, or any untoward symptoms; on the contrary, it was followed by an increased exuberance of spirits, perhaps due, in part, to the achievement of success and happy relief. I do not find any authority for this therapeutic use of nitrite of amyl, other than this one successful case. I have my own theory of diagnosis in my case, but it is useless to speculate; if it should prove true I will follow this with another article.

My learned aural specialist in Boston, does not agree, however, with me, neither did he with my remedy, so we will wait for *facts, facts!* Will my medical brethren please apply this remedy in this affection (if they have not already done so), and report through these columns.

J. DANA LITTLEFIELD, M.D.

323 Broadway, Somerville, Mass.

#### Administration of the Muriated Tincture of Iron

ED. MED. AND SURG. REPORTER:—

The following item, though small, I desire to communicate to the profession, through the medium of your widely extended journal. My excuse for offering it is, that in my experience it fills a place long vacant, for within the range of my observation nothing has yet appeared to answer the purpose so completely.

The tasteless and harmless administration of the muriated tincture of iron, has long been a desideratum of no little importance, and while the taste may be of secondary consideration, not so the teeth, which nearly always suffer from its use, and frequently remain the *opprobrium medicorum*. I therefore, in casting about for a safe vehicle in which to administer it, hit upon Planten's capsules of jujube paste or gelatine, and found them to answer very well. I now direct my patients to drop into the cup of the capsule as many drops of the pure tincture chloride of iron as I wish them to take, and then to replace the cap, which hermetically seals it, and place it in the mouth and swallow it with water in the usual way. The capsule, of course, is to be judged to the quantity of iron given. I am aware that gums, balsams, and

oils, have for a long time been given in capsules, but have yet to hear of the first case in which tincture of iron has been given in this way. Patients are much pleased with this new mode of taking it, and the security it offers to the teeth at once gain for us their ready coöperation.

J. H. GRIMES, M.D.

Baltimore, Nov. 8th, 1881.

[The question arises whether it would be wise to allow the undiluted tincture to come in contact with the mucous coat of the stomach, as it does when administered in this manner. Certainly, in some conditions it would be too irritating.—ED. REPORTER.]

## NEWS AND MISCELLANY.

### Florence Nightingale and Her School for Nurses.

The following interesting sketch of this distinguished philanthropist and her labors is given by Dr. J. M. Toner, in a recent address before the Nurses' Training School of the District of Columbia:—

Florence Nightingale began her life-work by acquiring a knowledge of nursing, in 1849, at Kaeserworth, an institution on the Rhine for practical instruction in the art of hospital nursing. During the Crimean war, in 1854-55, she entered with zeal upon the duties of her high vocation, and gained a world-wide fame by her genius in the organization and superintendence of the nursing in the large military hospitals.

She retired from this field of work with broken-down health, from which she has never fully recovered. On her return to England she received a letter of thanks from the Queen, accompanied with a superb jewel. A fund of £50,000 was raised by subscription, and a Florence Nightingale Training School for Nurses established. A penny subscription was raised by the soldiers to erect to her a monument, which she declined. To this school, which bears her name, she is still giving her attention, being specially interested in the education of nurses for the poor. Many, if not all the pupils, are from among the gentlewomen of England and ladies of good social position. Although she is aware that the wealthy will induce some of those educated to nurse the poor to go into service for high rewards, still many of those educated in this school go on nursing the poor and doing good without regard to remuneration. Her description of the services rendered by the nurses to the poor was about as follows: Wherever sickness was found in a house, or application made for a nurse in a part of the city within the district assigned to one or more of the nurses, a visit is made by one of them and her services tendered to place the room in order and impart instructions to the family or attendants how to keep it so, and how to administer medicine and to wait on the patients. This assistance of the nurse was sometimes, though not often, declined. I inferred that it was commonly found that, besides scrubby sheets and pillow-cases, and sometimes a pillow, a couple of napkins, a drinking cup, a spoon, and a candle, or some such things were needed and supplied

by the nurse. The house was visited by the nurse twice a day and the best practical regulations maintained in the sick-room, the most exact compliance with the doctor's directions for the administration of medicine and diet observed, and the patient's condition in every respect rendered as comfortable as possible. This service was nearly always found to be agreeable to the patient and their friends, as well as the physician in attendance. The attention of the nurse was continued until either recovery, removal to hospital, or death, rendered their services no longer necessary. Usually about the third day the nurses found the room put in pretty good order before their arrival, and courage and a confident hope of recovery established in both the patient and their friends.

### Female Students at the Pennsylvania Hospital.

An interesting contest stretching over a quarter of a century, and involving an important principle, has recently been decided in this city.

The medical and surgical clinics at the Pennsylvania Hospital are now attended by a score or more of women students from the senior class of the Women's Medical College and students from that institution pursuing a post-graduate course. This is the first time that women students have been admitted to the general clinics at that institution, and also the first time in three years that they have attended any clinics in the hospital. Nearly a quarter of a century ago an effort was made to have the clinics opened to women students, but public opinion had not then been educated to such an innovation, and the application was negatived.

By 1873 the popular prejudice against women physicians had greatly lessened, and the managers allowed women students to attend a special clinic, which was held on Tuesdays, for their instruction. This privilege was exercised for five years, when the women ceased to attend, partly because they were not warmly encouraged by the demonstrators, on whom was imposed an additional lecture per week, and partly because they imagined that the instruction received was inferior to that given at the Wednesday and Saturday clinics for male students. At that time the demonstrators objected to lecture before mixed classes.

A short time ago the managers of the Women's Medical College received intimation that no objections would be made to women students attending mixed clinics at the Pennsylvania Hospital, as the managers had no rule positively prohibiting it. Accordingly six young women appeared at the next clinic, and the demonstrator proceeded with the lecture as if no women were present. At the following clinic there were a dozen women present, and at present the number of women attending is over twenty. No preference is shown them, nor does the demonstrator use false modesty in dealing with difficult subjects. The physicians in charge look upon the students of medicine only and do not distinguish between men and women. A few days ago some young women were late in arriving at Dr. Morton's clinic and found the front seats occupied. One of their number passed a note to the Doctor, requesting



him to ask the gentlemen to move back, that the women might have seats. Dr. Morton replied that he did not recognize the right of women to the most desirable location in the lecture room, and that they must not expect any favors at the clinics. Dr. Morton was entirely right in this action, and such a request was wholly out of place.

#### Sanitary Condition of Key West.

The warm-moist climate of Key West has advanced some claims for it to be considered a healthy resort for certain classes of cases. It is unfortunate that the local authorities do not keep it in better condition. Dr. S. M. Bemiss, of the National Board of Health writes:—

"The city has no financial resources or funds which might enable it to put into operation any efficient sewerage system. While a large portion of the island is sufficiently above tide water to make an underground system available, the contrary is true in respect to a very considerable portion of the town. Surface drainage is the only method employed to rid the town of sewage filth. This must always be objectionable in latitudes and localities where frequent rains and torrid heat favor noxious exhalations. But even this method is very poorly executed in Key West. The streets are badly graded, and pools of water are met with in a majority of them. If there are ordinances requiring the removal of garbage and privy accumulations, they are not properly enforced. It may be further stated that the dwelling houses in Key West are not constructed with reference to the sanitary well being of their occupants. They are for the most part constructed of wood, without chimneys or any provision for fires. In a great many instances the weatherboarding is badly, if at all, protected by paint or whitewash, and process of decay is astonishingly rapid in the almost perpetually alternating rains and sunshine of this locality."

He also states that there is a "lack of confidence in the candor of the local board." Unfortunately the habit of so many local boards of concealing the truth about infectious diseases for fear of "hurting business" is apt to excite this want of confidence quite generally. As we have repeatedly said, in the long run, falsifying facts (vulgarily termed "lying") don't pay in the long run in this matter.

#### Smallpox.

This disease is assuming an epidemic form in some portions of California. The State Board of Health has recommended the inspection of immigrant trains at some point near the boundary of the State, and if any persons be found to present evidences of variola, they and the cars in which they are passengers shall be quarantined, the cars disinfected, and all the other passengers shall undergo compulsory vaccination gratuitously. The board also recommends the inspection of express trains.

Sixty-nine cases of smallpox are reported at New Tacoma, Washington Territory, and several deaths. Physicians on the Pugalup Indian reservation report that two Indians who recently visited New Tacoma have died of the disease.

New Tacoma has been placed under quarantine, and no one is allowed to enter or leave it.

Reports from different sections show the continued prevalence of this disease. A dispatch from Biddeford, Maine, says:—

"Owing to the prevalence of smallpox in this city all of the public schools have been closed. Over 3,000 persons have been vaccinated. There have been fifteen cases, six of which proved fatal."

#### Statistics of Drunkenness at Berlin in 1880.

In considering the project of law recently brought before the Reichstag by the Chancellor of the German Empire, for the more rigorous repression of drunkenness, it is not without interest, remarks *La Revue générale d'Administration*, to mention the results published by the prefecture of police of Berlin regarding the number of individuals arrested in that city during 1880. The number of persons arrested for drunkenness was 7895 (7318 men and 582 women). Among the men arrested 407 were under 18 years of age, 2575 were between 18 and twenty years, and 2201 between 30 and 40. Of the women, 12 were less than 18 years of age, 110 were from 18 to 30 years, 174 from 30 to 40, 161 from 40 to 50, and 125 were more than 50 years of age.

#### Surgeon-General Barnes' Report.

Surgeon-General Barnes has submitted his annual report, in which he states that the cost of medical and hospital supplies actually issued during the last fiscal year was \$18,325,342. The total number of cases of all kinds reported on the sick list was 42,058. He speaks of the large number of pension claimants who are unable to furnish accurate data as to time and place of treatment, owing to the long time which has elapsed since the end of the war, and says it is very difficult to adjust such cases. He again mentions the necessity for a new fire-proof building for the Army Medical Museum.

#### Items.

**ALARMING MORTALITY FROM CHOLERA IN INDIA.**—The correspondent of the London *Times* at Darjeeling, India, says the deaths from choleraic fever at Umritser amount to nine thousand, or ten times the nominal rate of mortality for the past few years.

**MIRACULOUS CURE.**—A lawyer's office was visited by a man who suffered from paralysis of one whole side, and whose motions were distressingly helpless. Something interested his benefactors so much in him as to cause them to watch him from a position of vantage. His paralysis lasted as far as the street corner, where it was miraculously healed by the sight of a saloon.

**SAD EFFECT OF VACCINATION.**—A Boston lover recently gave an affectionate little squeeze of his lady-love's arm. She gave an exclamation of pain, which he thought was resentment. The engagement was broken. She had been vaccinated on the arm. This will add to the argument of a prominent London journalist who insists that vaccination should not be upon the arm.

## OBITUARY NOTICES.

## DR. HAYDEN, OF DUBLIN.

This well known author died October 30th. His extensive monograph on *Diseases of the Heart* was for years the standard work on that subject. He was a devoted student of his profession, and often neglected his profitable practice in order to concentrate his efforts on his exhaustive study.

## DR. THOMAS L. CATHCART.

Dr. Cathcart was born July 18, 1807, and died October 28, 1881. He graduated from Dickinson College, Carlisle, at the early age of nineteen years, and was graduated from Jefferson Medical College, Philadelphia, in the Spring of 1830. He successfully practiced his profession in New Bloomfield, Dillsburg, and Shepherds-town, Pennsylvania, altogether for a period of about twenty years; he then engaged in other pursuits in York county, and also at one time held a position for several years in the treasury department at Washington.

The following resolutions were passed by the York County Medical Society:—

*First*—That we sympathize deeply with the family of Dr. T. L. Cathcart in their great affliction.

*Second*—That this society mourns the death of one who identified himself with its interests, and continued his membership and regular attendance with only intermissions caused by sickness—to the close of his life.

*Third*—Possessed of a warm and generous nature—in the walks of life above reproach, Dr. Cathcart's memory is endeared to all the members of this society, and, indeed, to all who were associated with him in social and professional walk.

*Fourth*—That we will now proceed to attend his funeral in a body.

*Fifth*—That copies of these proceedings be sent to the family of our deceased brother, and the same be recorded in the minutes of the society; and also a request that they be published in the papers of our borough, and in the Philadelphia Medical and Surgical Reporter.

SAM'L J. ROUSE, Secretary.

## QUERIES AND REPLIES.

*Mr. Editor.*—Please inform me, through the REPORTER, the usual fee for an attendance upon variolous patients, both in Philadelphia and in country towns, exclusive of mileage.

Dr. J. K. E., Pa.

*Ans.*—We understand that it is not customary, at least in this city and neighborhood, to make any extra charge for attending patients with variola.

*Mr. Editor.*—Can you give me the mode of preparation of the *solutions of meat* referred to in Ziemssen, Vol. vii, pages 187 and 223, etc.? It seems strange that after highly lauding the preparation repeatedly the author should leave his readers thus delightfully in the dark. An answer direct, or through the REPORTER, will be gratefully acknowledged by your obedient servant.

H. E. H., M.D., Wis.

We shall be glad to receive replies to the above.

*Dr. E. P. S., of N. J.*—There is no doubt but that Coca is a powerful nerve stimulant. Most of the preparations which have from time to time been offered have, however, proved inert, probably owing to the want of skill in selection or treatment of the plant. That manufactured by Messrs. Parke, Davis & Co., we have reason to believe, is active and satisfactory in results.

*Pathologist, Md.*—The theory that acute rheumatism is primarily a disease of the heart, and that the peri-

carditis is the prominent and first symptom, while the myositis is second in time and importance, has recently been advanced by Dr. Alexander Harkin, of Scotland. A statement of his views will appear in the *Half Yearly Compendium of Medical Science*, for January, 1882.

*Germanic, Mass.*—Professor Virchow does not oppose the general theory of evolution; he only says that the Darwinian form of that theory does not apply in pathology; at least, so we understand him.

## MARRIAGES.

**ARMSTRONG-PATTEN.**—In this city, on Thursday morning, November 31, 1881, at the North Presbyterian Church, by the Rev. B. L. Agnew, D.D., Dr. Wm. C. Armstrong and Susie A. Patten.

**BATES-KEATOR.**—On Wednesday evening, November 21, 1881, at Trinity Chapel, by the Rev. Henry Mottet, Dr. George Fairbanks Bates and Jessie Helen, daughter of the late Jesse G. Keator, both of New York.

**BELL-HILLMAN.**—On the 26th of October, by Friends' ceremony, at the residence of Israel W. Hart, Norristown, Pa.; Dr. Edward H. Bell, of Philadelphia, and Elizabeth K. Hillman, of Camden, N. J.

**BIDDLE-BUCKINGHAM.**—In Bloomsburg, Pa., October 27th, by Rev. Stuart Mitchell, J. Commodore Biddle, M.D., of Shenandoah, Pa., and Agnes McReynolds Buckingham, of Bloomsburg.

**CARR-BLAUVELT.**—At the residence of the bride's parents, Hackensack, N. J., Tuesday, November 1st, 1881, by the Rev. E. L. Clark, David Cole Carr, M.D., of New York, and Maggie, daughter of C. I. Blauvelt.

**DE VRIES-STUBENRAUCH.**—In New York, on Sunday, October 30th, at St. John's Church, by the Rev. A. C. Wedekind, Dr. Henry De Vries and Emmy, daughter of A. Stubenrauch, Esq., both of this city.

**JACOBS-LUKENS.**—On October 18th, by the Rev. J. B. Dietrich, Dr. Theodore Jacobs, of Norristown, and Miss Hannah Lukens, of Gwynedd, all of Montgomery county, Pa.

**JARVIS-DEANE.**—In Claremont, Vt., October 20th, 1881, at the Episcopal church, by Rev. Mr. Hale, Dr. William Jarvis, and Mary B. Deane, both of Claremont.

**LINDSAY-WORKMAN.**—On Tuesday evening, October 25th, 1881, at the residence of the bride's parents, by Rev. M. Beaver, Dr. O. E. Lindsay and Miss Annie Workman, both of Allegheny city, Pa.

## DEATHS.

**BACHE.**—In Brooklyn, L. I., November 21, 1881, Benjamin Franklin Bache, Medical Director U.S. Navy, in the eighty-first year of his age.

**BRYAN.**—In Elizabeth, N. J., November 5th, 1881, Dr. James Bryan, formerly of Philadelphia, aged seventy-one years.

**CATHCART.**—In York, Pa., October 28th, 1881, Thomas Lattimer Cathcart, M.D., son of the late Rev. Robert Cathcart, D.D., aged seventy-four years and three months.

**HAHN.**—On the 3d, inst., William B. Hahn, M.D., of Montgomery county, Pa., aged eighty-two years.

**JENKS.**—Monday, October 31st, 1881, at his residence, near Shoemakerstown, Montgomery county, William F. Jenks, M.D.

**O'CONNELL.**—In this city, on October 28th, 1881, Dr. M. E. O'Connell.

**SMITH.**—In New York, suddenly, Francis Asbury Smith, M.D., of No. 422 East 116th street.

**VANDEVERE.**—In this city, on October 31st, 1881, Dr. J. Robb Vandevere, in the twenty-fifth year of his age.

**VAN DOREN.**—In New York, on November 2d, 1881, Dr. Matthew D. Van Doren.

**YOULIN.**—In Jersey City, on Sunday, October 30th, Dr. J. J. Youlin, aged sixty years.